State Profile Data System

MEDICAID

spDATA System

Characteristics of Medicaid State Programs

Volume II

State-By-State Profiles

US DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Health Care Financing Administration
Medicaid Bureau
HCFA Pub. No. 10959
December 1992

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INTRODUCTION

This report is the second volume of a 2-volume publication presenting data from the Health Care Financing Administration's (HCFA's) new Medicaid State Profile Data (spDATA) System. The spDATA System contains Medicaid data on the 50 States and the District of Columbia. These data include selected characteristics from Medicaid State plans, pending State plan amendments (SPAs), and supplementary information submitted in the "related information" report that accompanies SPAs. Some information included in the spDATA System (e.g., disproportionate share hospital funding sources and donations and taxes programs) is obtained from periodic State reports. Regional Offices (ROs) enter data into the system from the sources mentioned above. SpDATA provides immediate on-line access to certain State plan characteristics that were selected because of their importance to describing State Medicaid programs. Readers should be aware that the spDATA System does not collect and maintain the entire State plan, nor does it automate the State plan process.

Volume I, *National Comparisons,* contains national tabulations of State Medicaid program characteristics in the areas of administration, eligibility, coverage, non-institutional and institutional reimbursement. Volume I also contains background information on the development of the spDATA System, anticipated changes to the system, a description of the administrative structure of the Medicaid program and the Medicaid State plan, a brief summary of the Medicaid program, and a report prepared by the National Governors' Association (NGA) entitled *Catalogue of State Medicaid Program Changes.* The appendices in Volume I include a list of the staff who designed and implemented the system, a list of the State Medicaid Directors, a description of other Medicaid data systems, a list of services covered by Medicaid, a glossary of terms, definitions of abbreviations, State abbreviations, and Federal medical assistance percentages (FMAP).

Volume II is a collection of Medicaid State-by-State profiles for the 50 States and the District of Columbia. The profiles are composed primarily of tables of selected State plan characteristics from the spDATA System. Most of these characteristics are also found in the National Tables in Volume I. Two tables (A-1 and E-1) display data that are not included in Volume I. Descriptions of the tables follow the table of contents. Entire Medicaid State plans are not captured by the spDATA System and are not reproduced in this report.

Each profile is divided into 6 sections: administration, eligibility, coverage, non-institutional reimbursement, institutional reimbursement, and *1991 Changes in the Medicaid Program.* Data in the first 5 sections are from the spDATA System and are current as of March 11, 1992. The sixth section, *1991 Changes in the Medicaid Program,* was written by the National Governors' Association (NGA). NGA's data are current as of January 1, 1992. Data provided by the NGA have not been validated by HCFA, nor has HCFA attempted to reconcile NGA's data with the data in the spDATA System. Any interpretations, views or opinions expressed in the NGA section are those of the NGA authors and do not represent those of the Department of Health and Human Services (HHS).

Some of the explanatory narrative preceding the National Tables in Volume I is repeated below. Acronyms are explained in Appendix 1. Most of the terms found in the profiles are defined in the narrative or in the glossary of terms (Appendix 2). Unless noted otherwise, the "Act" shown in citations is the Social Security Act. For definitions not provided in this report, consult the *State Medicaid Manual, Code of Federal Regulations (CFR), or Compilation of the Social Security Laws* found in your Medicaid State agency or HCFA Regional Office. The tables in Volume II have different numbers from the tables in Volume I. To cross-reference data between volumes, refer to the title of a table rather than the number.

IMPORTANT NOTES:

1. Although the spDATA System is updated on a daily basis, the data in this publication reflect the State plans effective March 11, 1992. The data represent 1 day only, they do not represent the status of the State plan for a fiscal or calendar year.

2. Citations are given for regulations that were effective in March 1992.

3. An asterisk after any "Y" or "N" answer on the tables indicates that this element has been affected by a pending State plan amendment. The asterisk does not necessarily mean that a "Y" answer has just changed from an "N" or vice versa.

4. Volume II is being published before the edits and validation features are part of the spDATA System. As a result, inconsistencies may be found in the data on some tables. In addition, data on tables in Volume II may not agree with data on equivalent tables in Volume I. In most cases, this means that an inconsistency in the data on the Volume I table was corrected for Volume II. Readers are encouraged to call the Medicaid Operations Branch (410/966-5920) within the Medicaid Bureau with any questions about the data .

A DESCRIPTION OF THE SIX SECTIONS IN EACH VOLUME II STATE PROFILE

SECTION ONE: ADMINISTRATION (TABLES A-1 THROUGH A-3)

The State profile (spDATA) system captures a broad range of data from the State plan on the administration of the Medicaid program. The major categories of the spDATA System's administration section are: administration and organization, health maintenance organizations (HMOs), general provisions, quality control, standard setting, consultation, utilization control, liens and recoveries, Medicaid coordination with other insurance programs, beneficiary cost sharing for the categorically and medically needy (copayments, deductibles, coinsurance), administration and general program requirements narrative, and other elements.

Table A-1 presents data from the administration and organization, HMOs, and "other elements" sections of the State plan. The numbers and letters in parentheses (e.g., 1.1.B) at the end of a line indicate where this information is located in the State plan.

Some of the significant terms used in this section are defined below:

Health maintenance organization (HMO): A provider which agrees to make certain services available to specified beneficiaries in return for a fixed periodic payment, usually issued monthly by the Medicaid program on behalf of the beneficiary. This payment, referred to as a capitation payment, is based on projected costs of services for a typical patient.

Federally qualified HMO: An HMO which has fulfilled the requirements of title XIII of the Public Health Service Act (the HMO Act), and implementing regulations.

State-Defined HMO: If an HMO is not federally qualified, it must meet the HMO definition specified in the State plan and meet the requirements of 42 CFR 434.20(c).

Systematic Alien Verification for Entitlements (SAVE) program: The Immigration and Naturalization Service created the SAVE System for States to use when verifying the immigration status of individuals who are applying for various entitlement benefits.

Table A-2 presents data on Medicaid coordination with other insurance programs. Medicaid pays Medicare Part B premiums for eligible individuals through the Part B State Buy-in program (section 1843 of the Social Security Act (the Act)). States may pay Medicare Part A premiums for individuals who have been designated as Qualified Medicare Beneficiaries (QMBs) through either the Part A State Buy-in program or the Part A Group Payer program.

Buy-in refers to the practice whereby State Medicaid agencies, under an agreement with the Secretary of HHS, process enrollment, pay Medicare premiums, and are not subject to late filing penalties for certain Medicaid beneficiaries.

Before the State can pay the Part A premium under the Group Payer program, the individual must enroll (either actually or conditionally) in Medicare Part A during a prescribed enrollment period. There may be a 10 percent premium penalty for late Part A enrollment.

Qualified Medicare Beneficiaries (QMBs) are persons who are entitled to hospital insurance benefits under Medicare Part A, have income that does not exceed 100 percent of the Federal poverty level, and resources that do not exceed twice the supplemental security income (SSI) resource limit.

Qualified Disabled Working Individuals (QDWIs) are working disabled individuals who are entitled to enroll in the hospital insurance program by virtue of section 1818A of the Act, and who are not otherwise eligible for Medicaid. States must pay the Medicare Part A premiums for all QDWIs who meet the eligibility criteria (incomes under 200 percent of the poverty line). The States have an option to require certain individuals (incomes between 150 and 200 percent of the poverty line) to pay premiums to reimburse the State for part of the cost of the Medicare premiums. States do not have the right to exclude individuals whose income is between 150 and 200 percent of the poverty line (section 1905(s) of the Act).

Title II is the title of the Act which provides for Federal old age, survivors, and disability insurance benefits.

RRB is the Railroad Retirement Board. The RRB shall, in accordance with such regulations as the Secretary of HHS may prescribe, contract with a carrier or carriers to perform the functions set out in section 1842 of the Act with respect to individuals entitled to benefits as qualified railroad retirement beneficiaries pursuant to section 226(a) of this Act and section 7(d) of the Railroad Retirement Act of 1974 (section 1842(g) of the Act).

Deductible: Amounts paid for covered services before an insurer makes payment.

Coinsurance: Under Medicare, coinsurance is the portion of reimbursable hospital and medical expenses remaining, after any deductible that Medicare does not cover has been subtracted.

States may pay the premiums on certain types of insurance coverage if they are considered cost effective. That is, Medicaid's total cost for paying the premiums is less than what Medicaid would have paid directly for the services (e.g., risk contracts with HMOs or comparable organizations).

Medicaid pays all premiums, coinsurance, deductibles, and other cost-sharing responsibilities for Medicaid-eligible beneficiaries who are enrolled in an employer group health plan. Payment of group health plans must be cost effective to Medicaid (section 1906 of the Act).

Table A-3 identifies State cost-sharing policies for Medicaid beneficiaries. With certain exceptions, States may require Medicaid beneficiaries to contribute toward the cost of their care through nominal cost sharing. Services may not be denied to Medicaid beneficiaries because of an inability to pay cost sharing.

The categorically needy are groups of Medicaid eligibles described in section 1902(a)(10)(A) of the Act.

Definitions of medically needy groups are in the eligibility section below.

Agency: In this report, agency means the Medicaid single State agency which is designated in the State's title XIX State plan.

SECTION TWO: ELIGIBILITY (TABLES E-1 THROUGH E-6)

Except for Table E-1, which was created specifically for Volume II, the tables in the eligibility section of each profile were taken from Volume I, but were reorganized to show data by individual State. A table on mandatory eligibility groups is not provided in Volume II; however, descriptive narrative about these groups is provided below.

Table E-1 is an assortment of data from the eligibility section of the State plan which are not included in the tables of Volume I. This table presents data on residency agreements, deductions from institutionalized individuals' income, financial eligibility, effective dates of eligibility, and income and resource standards. The numbers and letters in parentheses (e.g., B.1.A) at the end of a line indicate where information is located in the State plan. On the third page of this table, Item 2A shows the resource standard for pregnant women and Item 2B shows the resource standards for children under age 1 or older in families of 1 to 5. If the response is "$0" it means that no resource standard is applied.

Definitions for important terms on the eligibility tables are provided below:

Residency agreement (or interstate agreement): States and Territories are permitted to enter into a written agreement with another State to resolve cases of disputed residence.

Open residency agreement (or open agreement): An agreement which allows all individuals or certain individuals who are physically present in the State to be residents of the State although they may not meet the definition of being a resident of that State under 42 CFR 435.403 or 436.403 (3230.5 *State Medicaid Manual,* Part 3--Eligibility, April 1988).

Community spouse: The member of a married couple who is not living in a medical institution or nursing facility (section 1924 of the Act).

Section 1924 of the Social Security Act: This part of the Act describes treatment of income and resources for certain institutionalized and community spouses.

The Act: The Social Security Act.

Prospective period of eligibility: A period of eligibility from the month of application forward.

Retroactive period of eligibility: The 3-month period immediately prior to the month of application for Medicaid as a cash assistance beneficiary (Aid to Families with Dependent Children (AFDC), SSI, or State supplement) or as a Medicaid-only beneficiary. Applicants may be eligible for Medicaid for all or part of this period. Individuals only would be Medicaid eligible during those portions of the retroactive period if they would have been eligible for Medicaid had they applied during that period (42 CFR 435.914).

Resource standard: A dollar limit against which countable resources are measured in the eligibility determination process.

Explanation of Mandatory and Optional Eligibility and Tables E-2 through E-6.

Medicaid is available to individuals under age 18, 19, 20 or 21 (at State option), certain relatives of dependent needy children, pregnant women, the aged (65 and older), the blind, and the disabled who meet specific eligibility requirements set forth in the Medicaid statute. With very few exceptions, such individuals meet a financial means standard. That is, their income and resources must be within certain limits.

All States provide Medicaid to beneficiaries of AFDC and most States provide Medicaid to aged, blind, or disabled SSI beneficiaries. However, there are States which use more restrictive eligibility requirements for the aged, blind, or disabled than are used to determine SSI eligibility. The latter States are called section 1902(f) or 209(b) States. States also extend Medicaid to additional groups of families, children, pregnant women, aged, blind, or disabled individuals. Some are mandatory groups - that is, States are required to include such individuals under their plan. Others are optional groups.

Many of the optional eligibility groups listed on the tables include a sublisting: aged, blind, disabled, caretaker relatives, children under (age), and pregnant women. When sublistings appear, this means that States may choose any one or more of the groups listed. The tables will indicate the elections States have made. In the case of children, a numerical entry of 18-21 indicates that a State has elected to include children under age 18, 19, 20 or 21 under the particular eligibility group identified.

I. MANDATORY ELIGIBILITY GROUPS

The categories of individuals that States are required to include under their plans are described below.

A. **AFDC-Related Eligibility Groups**

o **Cash Beneficiaries**

These are individuals who actually receive AFDC payments. Individuals who receive cash payments are:

- children who are deprived of the parental support or care of one or both parents;

- families in which the principal wage earner is unemployed. States are not required to make AFDC payments to these families where the family has received these payments in at least 6 of the preceding 12 months. However, States have the option to make payments to these families who were receiving these payments in a greater number of months than 6 of the preceding 12 months;

- pregnant women (whose pregnancy has been medically verified), who have no other children, where the child is expected to be born within 4 months, where the State has elected to pay an AFDC benefit based upon the needs resulting from her pregnancy; and

- otherwise eligible children up to age 18, and may be made to age 19 when the children are students under certain circumstances (see 406(a)(2)(B) of the Act).

o **Individuals deemed to be AFDC beneficiaries**

These are eligibility groups the Congress has classified as individuals who are to be considered as having the same status as AFDC beneficiaries under States' Medicaid plans. Individuals with this status are:

- individuals who do not receive AFDC simply because States are not required to make payment of less than $10 per month;

- certain individuals who participate in State Work Supplementation programs. Under these programs, AFDC may supplement the wages paid by employers;

- individuals who do not receive an AFDC payment solely because of recoupment of a prior AFDC overpayment;

- certain individuals who become ineligible for AFDC payments, in whole or in part, due to an increase in child or spousal support receive 4 additional months of Medicaid; and

- title IV-E beneficiaries--Children who are in foster care or adoption assistance programs funded or authorized under title IV-E of the Act.

o **Non-Cash Beneficiaries**

Non-cash beneficiaries are those individuals who are not receiving cash payments and are not deemed to be receiving cash payments. These individuals include:

- qualified family members--Families with unemployed parents who do not receive AFDC payments for a full 12 months of each calendar year, but who continue to meet the AFDC requirements for receipt of cash payments. There are no qualified families in States which make AFDC payments to families with unemployed parents 12 months of each calendar year;

- work-related transitional Medicaid beneficiaries who receive 6-12 additional months of Medicaid when they lose AFDC payments due to increased earnings or hours of employment or because of the loss of the $30 and 1/3 earned income disregards. The family must have received AFDC payments in at least 3 of the 6 months immediately preceding the month in which the AFDC ineligibility begins;

- individuals denied AFDC because the income and resources of persons other than a parent or spouse are used to determine eligibility, even though not actually made available (e.g., income and resources of siblings, stepparents, and grandparents);

- individuals who were eligible for or were receiving AFDC in August 1972 and entitled to title II Social Security benefits in that month. If in any month thereafter, the individual would have been financially eligible for AFDC except for the 1972 cost of living adjustment (COLA);

- qualified pregnant women whose pregnancies have been medically verified and who meet AFDC income and resource requirements. Pregnant women's income and resources are measured against an AFDC standard which counts the unborn child. Qualified children must be under age 19 and meet AFDC income and resource requirements and were born after September 30, 1983 or an earlier date specified in the plan;

- poverty level pregnant women and children under age 1 whose family income does not exceed 133 percent of the Federal poverty level (FPL). States which used an FPL for pregnant women or infants which as of specified dates was greater than 133 percent of the poverty level and less than 185 percent of the

poverty level or which had the authority to use such a level are required to continue to use the higher level for these groups;

- poverty level children under age 6 whose income does not exceed 133 percent FPL;

- poverty level children over age 6 and under age 19 who were born after September 30, 1983, and whose family income does not exceed 100 percent FPL;

- Former pregnant women who were eligible for Medicaid will remain eligible for Medicaid (for all pregnancy-related and postpartum services provided under the State plan) through the end of the calendar month ending 60 days after the end of pregnancy. These women will remain eligible for Medicaid pregnancy benefits through the end of the calendar month ending 60 days after the end of pregnancy regardless of any changes in family income; and

- children under 1 whose mothers were Medicaid eligible when the children were born. This eligibility continues while the mother is eligible for Medicaid (or would remain eligible if pregnant) so long as the child lives with her.

B. **Aged, Blind, or Disabled**

Mandatory eligibility groups for the aged, blind, or disabled are:

o **Cash Beneficiaries**

- SSI beneficiaries in 1634 States;

- aged, blind, or disabled in 209(b) States. Table E-5 lists some of the more restrictive financial and non-financial eligibility requirements employed by States (Note: This table will only be found in the profiles for the 209(b) States which are: Connecticut, Hawaii, Illinois, Indiana, Minnesota, Missouri, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Virginia); or

- mandatory State supplement beneficiaries--certain individuals who received assistance payments under the cash programs administered by States immediately before the SSI program was implemented, when the amount of the cash benefits was higher than the SSI benefit they would receive.

- **Deemed Beneficiaries of SSI**

  Individuals whom the Congress has classified as having the same status as SSI beneficiaries. Under certain circumstances, 209(b) States must also include such individuals under their plans:

  - severely disabled individuals whose income (including earnings) exceeds SSI limits, but is not sufficient to cover SSI and Medicaid benefits;

  - certain disabled widows and widowers who lost SSI or optional State supplementary payments (SSP) eligibility because of a change in how Social Security benefits were calculated in 1983.

    An SSP is a cash payment made by a State on a regular basis to an individual receiving SSI or who, except for income would receive SSI.

    NOTE: Section 209(b) States must consider these individuals to have no more income than the SSI Federal benefit rate (for individuals who lost SSI eligibility) or the SSP rate (for individuals who lost SSP eligibility).

  - disabled widows and widowers who lost SSI or optional SSP eligibility because of early Social Security benefits and who are not entitled to Medicare Part A.

    NOTE: 209(b) States classify these individuals as categorically needy under their plan.

- **Non-Cash Beneficiaries**

  - essential spouses of aged, blind, or disabled individuals who were receiving cash assistance in December 1973 under the State administered programs which preceded SSI, in States which provided Medicaid to essential spouses in that month, who continue to live with their spouse, where both the individual and the spouse continue to meet the December 1973 criteria for cash assistance;

  - individuals who since December 1973 have been continuously institutionalized in Medicaid facilities, who received (or except for their institutional status would have been eligible to receive) cash assistance in that month under the State administered programs which preceded SSI, who were eligible for Medicaid, and who continue to meet the December 1973 eligibility criteria and have the need for institutional care;

- blind or disabled individuals who meet current requirements for Medicaid eligibility; were eligible for Medicaid in December 1973 as blind or disabled individuals, whether or not they were receiving cash assistance in December 1973; and for each consecutive month after December 1973, continue to meet the criteria for blindness or disability and the other conditions of eligibility used under the Medicaid plan in December 1973;

- individuals who became ineligible for SSI or SSP because of a Social Security benefit increase in August 1972;

- individuals who were eligible for SSI or SSP and title II benefits concurrently in a month after April 1977, who would be eligible for SSI or an SSP except for title II cost of living adjustments received since that month;

  NOTE: 209(b) States must disregard the relevant title II COLAs to determine whether an individual qualifies for the special status of receiving Medicaid as categorically needy. However, 209(b) States need not disregard these title II COLAs in computing the individual's countable income when determining whether the individual is eligible, or the amount of his or her income spenddown. The "yes" and "no" responses on Table E-5 indicate whether the 209(b) States disregard the income for these qualifying individuals in the eligibility process.

- blind or disabled children over age 18 who received SSI or a State supplement based upon blindness or disability which began before they became age 22, who lose SSI or SSP eligibility because they become entitled to a Social Security child's benefit or an increase in those benefits, and who would be eligible for SSI or an SSP except for the child's benefit or an increase in those benefits;

  NOTE: 209(b) States need not disregard these children's benefits or the increased amounts of these benefits in determining the individual's countable income for purposes of Medicaid eligibility. However, these States must disregard this income to determine whether the individual qualifies for the special status which will result in receiving Medicaid as categorically needy (if the individual satisfies the income standard).

- individuals denied or found ineligible for SSI or optional SSPs because of an eligibility condition under those programs that is prohibited under the Medicaid statute;

- QMBs (those beneficiaries who are entitled to Medicare Part A and with incomes below the Federal poverty level and with resources at or below twice the standard allowed under the SSI program); and

- QDWIs (certain low-income, disabled individuals who are entitled to enroll in Medicare, Part A benefits by virtue of section 1818A of the Act).

II. OPTIONAL ELIGIBILITY GROUPS

Table E-2 lists optional eligibility groups (other than the medically needy) States have elected to include under their plans. Included in the list are:

- o pregnant women and infants who are not covered under the mandatory eligibility groups and who have income between 133 percent of the FPL and 185 percent of the FPL;

- o aged and disabled individuals whose income does not exceed a State standard which is not in excess of 100 percent of FPL;

- o presumptively eligible pregnant women (qualified providers may make an interim determination that a pregnant woman may be eligible for Medicaid because her income is equal to or below the State's income standard. Once the qualified provider has established tentative eligibility, the woman may receive ambulatory prenatal care for a specified period of time);

- o individuals entitled to Consolidated Omnibus Budget Reconciliation Act (COBRA) continued coverage who have income less than 100 percent of the poverty level, who have resources less than twice the SSI level, where the State determines the payment of the COBRA premiums is likely to result in savings to the Medicaid program;

- o HMO enrollees for whom Medicaid is provided for a minimum period even though they may not otherwise be eligible;

- o Individuals for whom the States continue Medicaid payments when they are enrolled in a group health plan for an optional period of up to 6 months after enrollment even if the individual ceases to be eligible for Medicaid during that period (section 1902(e)(11)(A) of the Act).

- o individuals who would be eligible for AFDC, SSI, or an SSP if they were living in the community instead of an institution;

- o individuals who are determined to be eligible for home and community-based services (through a waiver) based on eligibility requirements that

would be used if they lived in an institution instead of eligibility requirements that would be used if they lived in the community;

- children who are under State adoption assistance agreements (other than title IV-E) and who had special medical needs before the adoption assistance agreements were entered into;

- disabled children under age 18 where the individual requires a level of care provided in a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) who would be eligible if living in an institution and the State has determined that services provided in the community would be less costly than those provided in an institution;

  NOTE: Disabled children in a 209(b) State who meet these criteria must meet the State's more restrictive eligibility requirements, but the children are deemed to have no more income than a child receiving SSI benefits.

- individuals who meet the financial requirements for the receipt of cash payments (AFDC, Part E of title IV, SSI, and the State plan programs under titles I, X, XIV, or XVI of the Act), but who do not receive payments;

- terminally ill individuals who would be eligible for Medicaid if they were in a medical institution who have elected to receive hospice care in lieu of regular Medicaid services;

- individuals who would be eligible for AFDC if child care costs were paid from earnings rather than by a State agency;

- all children under age 18, 19, 20, or 21 who meet the income and resource requirements of the State's AFDC plan, or reasonable classifications of children who meet these requirements.

- individuals who would be eligible for AFDC if the State's AFDC agency elected all of the options available to States under title IV-A;

- optional SSP beneficiaries or individuals who are eligible for those payments, or who would be eligible for those payments if they were not in a medical institution. This group also includes individuals who receive a State administered optional SSP in States without 1634 agreements, where income for purposes of eligibility for the supplement is counted using more restrictive rules than those of the SSI program. Some States make such payments to such individuals but do not include them as an optional eligibility group under their Medicaid plans. (A 1634 agreement is a State agreement with the Social Security Administration to determine eligibility for SSI and Medicaid.); and

- institutionalized individuals who have income below a special income level set by the State. The special income level may not exceed 300 percent of the SSI Federal benefit rate (FBR). Individuals must meet the resource requirements of the appropriate State plan or the SSI program in order to qualify under the special income standard group.

III. MEDICALLY NEEDY

States have the option of covering services for the medically needy (see Table E-3). The medically needy are individuals under age 18, 19, 20, or 21; specified relatives of dependent children (caretakers); aged; blind; disabled; or pregnant women who because of income and/or resources are ineligible under the mandatory or optional eligibility groups already described. Individuals under this option meet income and resource requirements specific to the medically needy. A unique feature of this option is that individuals can attain eligibility by spending down income in excess of the medically needy income eligibility standard. That is, income in excess of the eligibility standard, often referred to as the medically needy income level (MNIL), can be offset within a specified period of time by incurring medical expenses equal to the amount of excess income; or at State option, individuals may pay excess income to the State Medicaid agency and become income eligible. (Note: Table E-3 will be found only in profiles for States which cover the medically needy. These States are: Arkansas, California, Connecticut, the District of Columbia, Florida, Georgia, Hawaii, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.)

- **Individuals Who Must be Included**

  States electing to include the medically needy under their plans must include:

  - pregnant women who are ineligible under mandatory or optional eligibility groups because of too much income and/or resources;

  - former pregnant women who were eligible as medically needy will remain eligible for Medicaid (for all pregnancy-related and postpartum services provided under the State plan) through the end of the calendar month ending 60 days after the end of pregnancy. These women will remain eligible for Medicaid pregnancy benefits through the end of the calendar month ending 60 days after the end of pregnancy regardless of any change in family income;

- children under age 18 who are ineligible for AFDC or SSI or other mandatory eligibility groups because of too much income and/or resources; and

- certain medically needy individuals included under States' plans as medically needy in 1973.

o **Individuals included at State Option**

States electing to include the medically needy under their plans may at their option include:

- specified relatives of needy dependent children. These are the relatives who receive AFDC for dependent children;

- aged;

- blind;

- disabled;

- States may elect to provide a minimum period of eligibility (not to exceed 6 months) for enrollees in HMOs even though the individuals may otherwise become ineligible during this period;

- States may continue Medicaid payments on behalf of a beneficiary enrolled in a group health plan for an optional period of up to 6 months after enrollment even if the individual ceases to be eligible for Medicaid during that period (section 1902(e)(11)(A) of the Act).

- individuals not included in the mandatory categories who are financially eligible children under 18, 19, 20, or 21, or reasonable classifications of those children.

IV. FINANCIAL CRITERIA

Tables E-4 and E-6 reflect a variety of income and resource standards and methods States use to determine Medicaid eligibility under their plans. In some cases, States vary income standards based on the differences in cost of living in different geographical areas. Whenever a table reflects "Y" after this indicator, it means that a State has exercised its option to use different income standards in 1 or more geographical areas.

o Table E-4

AFDC Payment Standards

Generally, the AFDC payment standards reflected in this table are used to determine eligibility for AFDC-related eligibility groups. That is,

income used to determine eligibility is compared to these standards. When income exceeds the standards, individuals and families are ineligible based on income. Exceptions to these AFDC payment standards are the mandatory and optional eligibility groups of pregnant women and children whose family income is compared to standards that are equal to specified percentages of the FPL.

- o **Medically Needy Financial Criteria**

  Table E-4 reflects the number of months States use to calculate income for medically needy eligibility. States have the option of designating 1 or 2 budget periods for this calculation. The time periods used for this purpose may not exceed 6 months. These time periods are referred to as spenddown periods.

  This table also reflects the standards to which income is compared in the eligibility process. Usually these amounts are reflected in monthly amounts and are multiplied by the number of months in the spenddown period in the eligibility calculation. These standards are referred to as income levels in the table.

  In addition, the table indicates the resource levels used in the eligibility calculation. To be eligible, resources must be equal to or below these levels.

V. 209(b) AGED, BLIND, OR DISABLED

Table E-5 (only found in the profiles for 209(b) States which are: Connecticut, Hawaii, Illinois, Indiana, Minnesota, Missouri, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, and Virginia) provides information on the more restrictive requirements States apply under the 209(b) option:

- o the categories of individuals (i.e., the aged, the blind, the disabled) whose eligibility is based on use of eligibility requirements;
- o whether the State uses a more restrictive definition of disability and whether the category of disabled is limited to individuals age 18 and older;
- o the number of more restrictive income and resource methods used; and
- o the more restrictive income and resource eligibility standards.

VI. 1902(r)(2) INCOME AND RESOURCE METHODS

Under section 1902(r)(2) of the Act, States are permitted to use income and resource methodologies which are more liberal than those used in the cash assistance programs for determining individuals' eligibility under certain specified eligibility categories. The following States use section

1902(r)(2) income and resource methods: Alabama, Alaska, Arkansas, California, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New York, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Virginia, and Washington.

Table E-6 (found only in the profiles for the States listed above) shows information on the States' methods of determining eligibility under the authority of section 1902(r)(2) of the Act:

- o for both AFDC-related and aged, blind, or disabled groups there is an indicator reflecting whether the State has elected to use more liberal income and resource methods for the categorically needy, medically needy, poverty level groups and whether the methods vary by category; and

- o the more liberal income and resource methods which States are frequently electing or those which are topical.

SECTION THREE: COVERAGE (TABLE C-1)

Mandatory services to the categorically needy and services which States may provide to the categorically needy and medically needy populations are identified in section 1905(a) of the Act. State profile data on the categorically needy population are abstracted from section 3.1(a)(1) and attachment 3.1-A of the approved State plan. Data on services for the medically needy population are abstracted from section 3.1(a)(2) and attachment 3.1-B of the approved State plan.

Categorically needy is defined in the Administration section and medically needy is defined in the Eligibility section.

Whatever package of services it chooses, a State may place limits on the amount, duration, and scope of the services offered. However, general requirements apply to:

- Statewideness: Medicaid services included in the State plan must be available throughout the entire State (section 1902(a)(1) of the Act).

- Freedom of choice of providers: Any Medicaid beneficiary may be able to obtain Medicaid services from any institution, agency, community pharmacy, or person, qualified to perform the service or services required who undertakes to provide the services (section 1902(a)(23) of the Act).

- Sufficiency of amount, duration, and scope: Each covered service must be sufficient in amount, duration, and scope to reasonably achieve its purpose (42 CFR 440.230).

- Comparability of services for groups: Medicaid services available to any individual in a Medicaid eligibility group must be equal in amount, duration, and scope for all individuals within the same group (42 CFR 440.240).

All of the limitations that a State may impose on services are not included in the spDATA System; therefore, States may have limitations on services that are not identified in the tables.

Limitations are not shown for services provided for pregnancy related and postpartum care and for other conditions that may complicate pregnancy. Medicaid provides services to categorically or medically needy pregnant women that are not otherwise available to other groups under the Medicaid State plan. Categorically needy pregnant women must receive pregnancy related services, postpartum care services, and services for other complications related to pregnancy (42 CFR 440.210(a)(2)).

Table C-1 lists all of the mandatory and optional services that each State covers for the categorically and medically needy populations. This table also indicates whether each State imposes limitations on the services and whether the State has a medically needy program.

Definitions for important terms on Table C-1 are as follows:

Inpatient hospital services (other than services in an institution for mental disease) are those services provided in a facility which is licensed or approved as a hospital by a State standard-setting authority. Except for nurse-midwife services, the facility must meet the requirements for participation in Medicare as a hospital, and have in effect an approved utilization review plan that applies to all Medicaid patients. The treatment plan must be directed by a physician.

Outpatient hospital services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services (except for nurse-midwife services) that are furnished to outpatients by or under the direction of a physician or dentist by an institution that is licensed or formally approved as a hospital by an officially designated authority for State standard-setting and meets the requirements for participation in Medicare as a hospital (42 CFR 440.20).

Rural health clinic services (RHC) are specified services furnished to an individual as an outpatient of an RHC. (Rural health clinic is defined in section 1861(aa)(2) of the Act.) Section 1905(l)(1) states RHC services are defined in section 1861(aa) except that section 1861(aa)(2)(A) does not apply and the physician arrangement required under section 1861(aa)(2)(B) shall only apply with respect to RHC services and, with respect to other ambulatory care services, the physician arrangement required shall be only such as may be required under the State plan for those services. Section 1861(aa)(1) defines RHC services as: (A) physicians' services and supplies as covered under section 1861(s)(2)(A) and 1861(s)(10), (B) services furnished by a physician assistant or a nurse practitioner (defined in paragraph (5)), by a clinical psychologist (defined by the Secretary) or by a clinical social worker (defined in subsection (hh)(1)), and such services and supplies furnished as an incident to the services as would otherwise be covered if furnished by a physician or as an incident to a physician's service, (C) in the

case of an RHC located in an area in which there exists a shortage of home health agencies, part-time or intermittent nursing care and related medical supplies (other than drugs and biologicals) furnished by a registered professional nurse or licensed practical nurse to a homebound individual under a written plan of treatment (i) established and periodically reviewed by a physician (described in section 1861(aa)(2)(B) of the Act, or (ii) established by a nurse practitioner or physician assistant and periodically reviewed and approved by a physician described in section 1861(aa)(2)(B) of the Act).

Federally qualified health center (FQHC) is an entity which (1) is receiving a grant under section 329, 330, or 340 of the Public Health Service Act; or (2) is receiving funding from such a grant under a contract with the beneficiary of such a grant, and meets the requirements to receive a grant under section 329, 330, or 340 of such Act; or (3) based on the recommendation of the Health Resources and Services Administration within the Public Health Service, is determined by the Secretary to meet the requirements for receiving such a grant, and includes an outpatient health program or a facility operated by a tribe or tribal organization under the Indian Self-Determination Act (section 1905(l) of the Act).

Laboratory and x-ray services are professional and technical laboratory and radiological services which are ordered and provided by or under the direction of a physician or other licensed practitioner, or ordered and billed by a physician but provided by an independent laboratory, and are provided in an office or similar facility other than a hospital outpatient department or clinic; and furnished by a laboratory that meets the Medicare conditions for coverage of services for independent laboratories (42 CFR 440.30).

Nursing facility (NF) is an institution or distinct part of an institution which is primarily engaged in providing to residents: nursing care and related services, rehabilitation services, or health related care, and services (above the level of room and board) which can be made available only in an institutional facility. The facility must have in effect a transfer agreement with 1 or more hospitals and must meet Medicaid participation requirements (section 1919(a) of the Act.)

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program: EPSDT services are mandatory services under the Medicaid program for categorically needy individuals under the age of 21. Under EPSDT, States are required to establish distinct periodicity schedules for screening, vision, hearing, and dental services. States are also required to provide for interperiodic screens as indicated by medical necessity to determine the existence of a suspected illness or condition.

Periodic screening services must include a comprehensive health and developmental history, a comprehensive unclothed physical exam, appropriate immunizations, laboratory tests (including blood-lead level testing), and health education. States must also provide periodic vision services, which include, at a minimum, diagnosis and treatment for defects in vision, including eyeglasses, periodic dental services which include relief of pain and infections, restoration of teeth, and maintenance of dental health and periodic hearing services which include diagnosis and treatment for defects in hearing (including hearing aids).

States are also required to provide to EPSDT beneficiaries all necessary health care, diagnostic services, treatment, and other measures coverable under Medicaid to correct or ameliorate defects in physical and mental illnesses and conditions discovered by screening services, whether or not such services are otherwise provided under the State plan.

Physician services are services furnished by, or under the direction of, a doctor of medicine or osteopathy licensed as such in the State where the services are performed. States may assign a gross limit on the number of physician visits. State plans also may include limitations requiring physicians to receive prior authorization before providing non-emergency services. Medicaid beneficiaries may be required to receive a second opinion (the consultation of a second professional about the necessity of a treatment plan) before services are provided.

Home health services are services that are provided to a beneficiary--(1) at his/her place of residence (specified in regulation) and (2) on his/her physician's orders as part of a written plan of care that the physician reviews every 60 days. A beneficiary's place of residence, for home health services, does not include a hospital, nursing facility, or intermediate care facility except for home health services in an intermediate care facility that are not required to be provided by the facility (sections 1902(a)(10)(D), 1905(a)(7) of the Act and CFR 42 440.70, 441.15.)

Private duty nursing services are nursing services for beneficiaries who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or nursing facility. These services are provided--(a) by a registered nurse or licensed practical nurse; (b) under the direction of the beneficiary's physician; and (c) to a beneficiary in 1 or more of the following locations at the option of the State: (1) his/her own home; (2) a hospital; or (3) nursing facility (section 1905(a)(8) of the Act and 42 CFR 440.80).

Clinic services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The following services may be furnished to outpatients: (a) services furnished at the clinic by or under the direction of a physician or dentist; (b) services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address; and (c) services furnished at the clinic that are nurse-midwife services (section 1905(a)(9) of the Act and 440.90 42 CFR 440.90).

Maternal and Child Health (MCH) (title V) clinics are well child clinics which are run by States, local health departments, or hospital outpatient departments.

Dental services are diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist in the practice of his profession including treatment of: (1) the teeth and associated structures of the oral cavity; and (2) disease, injury, or impairment that may affect the oral or general health of the beneficiary (section 1905(a)(10) of the Act and 42 CFR 440.100).

Physical therapy and related services: Physical therapy means services prescribed by a physician and provided to a beneficiary by or under the direction of a qualified physical therapist. It includes any necessary supplies and equipment. Related services include: occupational therapy--services prescribed by a physician and provided to a beneficiary by or under the direction of a qualified occupational therapist, including any necessary supplies and equipment; services for individuals with speech, hearing, and language disorders--diagnostic, screening, preventive, or corrective services provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician, including any necessary supplies and equipment (1905(a)(11) and 42 CFR 440.110).

Prescribed drugs are simple or compound substances or mixtures of substances prescribed for the cure, mitigation or prevention of disease, or for health maintenance that are: (1) prescribed by a physician or other licensed practitioner; (2) dispensed by a licensed pharmacist or licensed practitioner in accordance with the State Medical Practice Act; and (3) dispensed by the pharmacist or practitioner on a written prescription that is recorded and maintained in the pharmacist's or practitioner's records.

Institutions for mental diseases (IMD) are inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases, and psychiatric services in inpatient psychiatric hospitals (or other inpatient settings specified by the Secretary) for individuals under age 21 (sections 1905(a)(14), 1905(a)(16) and 1905(h) of the Act).

Intermediate care facility for the mentally retarded (ICF/MR) is an institution (or distinct part thereof) for the mentally retarded or persons with related conditions if--(1) the primary purpose of such institution (or distinct part thereof) is to provide health or rehabilitative services for mentally retarded individuals and the institution meets such standards as may be prescribed by the Secretary; (2) the mentally retarded individual with respect to whom a request for payment is made under a plan approved under this title is receiving active treatment under such a program; and (3) in the case of a public institution, the State or political subdivision responsible for the operation of such institution agrees to the non-federal portion of expenditures set out in the statute (section 1905(d) of the Act).

Nurse-midwife services are (1) concerned with the management of the care of mothers and newborns through the maternity cycle; (2) furnished by a nurse-midwife within the scope of practice authorized by State law or regulation and, in the case of inpatient or outpatient hospital services or clinic services, are furnished by or under the direction of a nurse-midwife to the extent permitted by the facility; and (3) unless required by State law or regulations or a facility, are reimbursed without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider (sections 1905(a)(17) and 1861(gg) of the Act and 42 CFR 440.165).

Hospice care: Services provided by a public agency or private organization or subdivision of either of these that is primarily engaged in providing such care to terminally ill individuals (sections 1905(a)(18), 1905(o), 1861(dd)(1) and (2) of the Act and 42 CFR 418).

Case management: An activity under which responsibility for locating, coordinating, and monitoring necessary and appropriate services (medical, social, educational, and other) for an individual rests with a specific person or organization (section 1915(g)(2) of the Act).

Developmental disabilities are any mental or physical impairments that limit a person's functional ability in certain activities.

Presumptive eligibility: (see definition under optional eligibility groups).

Certified pediatric nurse practitioner: At this writing, the Secretary has not formally defined certified pediatric nurse practitioner. Readers should refer to section 1905(a)(21) of the Act which states: services furnished by a certified pediatric nurse practitioner or certified family nurse practitioner (as defined by the Secretary) which the certified pediatric nurse practitioner or certified family nurse practitioner is legally authorized to perform under State law (or the State regulatory mechanism provided by State law), whether or not the certified pediatric nurse practitioner or certified family nurse practitioner is under the supervision of, or associated with, a physician or other health care provider.

Transplant: FFP is available in expenditures for services furnished in connection with organ transplant procedures only if the State plan includes written standards for the coverage of those procedures, and those standards provide that--(1) similarly situated individuals are treated alike, and (2) any restriction on the practitioners or facilities that may provide organ transplant procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under the plan (section 1903(i) of the Act).

SECTION FOUR: NON-INSTITUTIONAL REIMBURSEMENT (TABLE N-1)

Data on Medicaid payment for non-institutional services are abstracted from the approved State plan (section 4.19-B) and pending SPAs. The State plan identifies payment methodologies only, not the source of funds used by the State.

Funding source data on disproportionate share (DSH) payments, and donations and taxes programs in Table N-1 are not from the State plan, but are abstracted from periodic State reports to HCFA Regional Offices. However, if funding source changes affect payment methodology, they would be reflected in SPAs. (In November 1992, HCFA began collecting DSH and donations and taxes information quarterly through the Medicaid Program Budget Report--schedule Form HCFA-37.13.)

Under Federal Medicaid statute and regulation, States retain primary authority to develop provider payment methods and rates. There are, however, 3 general Federal requirements governing reimbursement that apply to all services. First, payments must be sufficient to ensure that services are as available to Medicaid beneficiaries as to the general population. Second, the Medicaid payment rate must be accepted by providers

as payment in full; balance billing of Medicaid beneficiaries is not allowed. Third, State payment methods must be consistent with efficiency, economy, and quality of care.

Table N-1 shows the payment methodologies used for selected non-institutional services. This table is a combination of data elements from Tables 4-1, 4-2, and 4-3 in Volume I. The non-institutional services listed on this table are defined in the Coverage section and the payment methodologies are discussed below.

Prescribed Drugs is defined in the Coverage section.

Medicaid payment methodologies for prescribed drugs were initially addressed in Federal regulations promulgated in 1976. These regulations authorized HCFA to set upper payment limits for Medicaid services and for prescribed drugs. Medicaid payment for prescribed drugs is based upon the lower of the pharmacy's usual and customary charge for the drug, or the estimated acquisition cost of the drug, plus a predetermined dispensing fee. The regulations provided that the payment amount for prescribed drugs is not to exceed the lowest of the following:

- the maximum allowable cost (MAC) of the drug as established by HCFA's pharmaceutical reimbursement board for certain multi-source drugs, plus a reasonable dispensing fee;

- the estimated acquisition cost (EAC) of the drug (the price usually paid by providers for a particular drug), plus a reasonable dispensing fee; or

- the provider's usual and customary charge to the public for the drug.

The payment provisions established in 1976 were updated in 1987 by Federal regulations that sought to grant States greater flexibility in administering the Medicaid payment program for prescribed drugs, and to allow States the opportunity to take advantage of savings now available in the marketplace for multiple-source drugs.

In order to take advantage of these savings, HCFA adopted a Federal maximum upper limit standard for certain multiple-source drugs based upon the use of a specific formula. A multiple-source drug is a drug that is marketed or sold by 2 or more manufacturers or labelers or a drug that is marketed or sold by 1 manufacturer or labeler but has 2 or more proprietary names. The specific formula is equal to 150 percent of the published price for the least costly therapeutic equivalent drug that pharmacists can purchase in the most commonly purchased quantities (such as 100 tablets or capsules), plus a reasonable dispensing fee.

The 1987 regulations stipulate that for other drugs (drugs not classified as multiple-source drugs) the State must provide payment that cannot exceed in the aggregate the lower of the EAC standard plus a reasonable dispensing fee or the provider's usual and customary charge to the public. In addition, a State may choose to use its own standard as long as its aggregate expenditures do not exceed the expenditures of the EAC standard.

Definitions for the following services shown on Table N-1 will be found in the Coverage section: outpatient hospital services, physician services, laboratory and X-ray services,

federally qualified health center (FQHC), nurse practitioner pediatrics, nurse-midwife, clinic services, maternal and child health clinics, and dental services.

Payment methodologies used for the non-institutional services on Table N-1 are as follows: (Note: Payment methodologies for drug reimbursement are discussed in Prescribed Drugs.)

Under Medicaid statute, States are able to establish the unit of payment for provider services. For physicians, State Medicaid programs typically pay for an encounter (e.g., office visit) and set different rates based on the length of encounter (e.g., brief office visit, intermediate office visit).

Other reimbursement methods can generally be grouped into 5 categories. The first category includes the use of a fee schedule in which the provider receives an established rate for a specific service or procedure. The fee schedule rate for a particular service or procedure is typically based on historical cost or charge data. States can choose the source of the data used to establish the fee schedule and can choose when and how to update the fee schedule. States typically base the Medicaid fee schedule on the Medicare fee schedule, however, they may develop their own. Table N-1 also shows the year in which the fee schedule was updated.

State Medicaid programs can also pay providers based on the amount that the provider charges for a service or procedure. As with other payment methods, States can establish the source and basis for reimbursement. Charge methods may be based on the Medicare limit or the lower of the prevailing charges in a geographic area, the provider's customary charge, the actual billed charge, or some other method. Also, States can establish the payment amount by designating that payment be limited to a specified percentage of charges.

Another payment method is based on the costs associated with the provision of a service or procedure. Under this methodology, the State can define the reasonable costs incurred by a provider related to delivering a service. Costs can be defined and computed using Medicare determined reasonable standards or the State can establish its own definition. Irrespective of the basis for defining costs, States can set payment based on a specified percentage of costs.

States may use a prospective system to establish rates prior to the beginning of the rate year. Table N-1 shows the base year and the trend factor percentage.

The fifth method for determining payment is the relative value system. Under relative value, a scale is developed by assigning a numerical value to provider procedures relative to other provider procedures. The relative value factor is then multiplied by a dollar value to establish the fee for a procedure or service. States can develop their own relative value systems or use an existing system, such as the California or Nevada relative value scales or the Medicare resource based relative value system.

Table N-1 also identifies services for which disproportionate share payments are made and services supported all or in part by donations and taxes programs.

- Disproportionate Share Payments (DSP) are payments made to providers that serve a higher than average number of Medicaid and other low-income patients.

- Donations Programs are funds derived by the States from providers, which States then use as the State share of Medicaid payments. Generally, States then increase Medicaid payments to reimburse providers for the donations paid.

- Tax Programs--Through tax programs, States levy taxes exclusively on providers, then use this revenue as the State share of Medicaid payments.

SECTION FIVE: INSTITUTIONAL REIMBURSEMENT (TABLE I-1)

Table I-1 includes data which are abstracted from the approved State plan (section 4.19-A and 4.19-D) and pending SPAs. The State plan identifies payment methodologies only, not the source of the funds used by the State.

The data on disproportionate share hospital funding sources, and donations and taxes programs in Table I-1 are not from the State plan, but are abstracted from periodic State reports to HCFA Regional Offices. However, if funding source changes affect payment methodology, they would be reflected in SPAs. (In November 1992, HCFA began collecting DSH and donations and taxes information quarterly through the Medicaid Program Budget Report--schedule Form HCFA-37.13.)

Rate information is taken from the "related information" section submitted with each SPA. It is the estimated average proposed rate for each type of institution (i.e., nursing facility, hospital, and ICF/MR). The rate shown does not reflect the actual rate paid to any individual facility.

State Medicaid payments to institutions, in the aggregate, cannot be greater than the amount that would have been paid using Medicare reimbursement methods. Second, Medicaid payments to institutions must meet the costs of "efficiently and economically operated" facilities.

Except for the special case of disproportionate share hospitals, the methods used by States to reimburse different types of institutions are generally similar. Table I-1 in each State profile combines data from Volume I Tables 5-1 through 5-7 to show Medicaid payment methods based on the type of institution (acute care hospitals, psychiatric hospitals, other hospitals, nursing facilities, and ICFs/MR). While the payment methods across facilities are similar, there is wide variation between States on the elements of payment methods. Because of the variation, no 2 State payment systems are identical.

Volume II Table I-1 also shows the estimated average payment rate for each type of institution and the time period that rates are in effect. Note: Rate amounts shown on the tables vary greatly because States use different units of payment (i.e., diagnosis related group, all inclusive per diem, per diem plus additions, per discharge, per case, per admission, case mix per diem, or other). The major components of each State's rate-setting methodology are identified below. States may use more than 1

reimbursement scheme for a service type; therefore, the table might show a combination of prospective, retrospective, and other reimbursement methods for some States.

- Method of payment: In general, there are 2 institutional payment methods--prospective and retrospective. Under a prospective system, the State establishes a rate for a base year. The base year rate is usually developed using cost-based data. Then for future years, the base year rate is trended forward to reflect inflation. In a true prospective system, there is no reconciliation to actual costs. Retrospective refers to a payment system that is based entirely on actual costs. Under this method, Medicaid makes interim payments throughout the year. At the end of the year there is a reconciliation between the interim payments and the institution's actual costs.

- Unit of payment: States define the basis for paying institutions. States can adopt the Medicare unit of payment and reimburse based on diagnosis related groups, pay for a day of care, pay based on admissions or discharges, or select a daily rate based on case mix. Generally, the unit of payment for institutions provides a method for "bundling" the kinds of services provided in institutions.

    - Diagnosis related groups (DRGs) classify patients similar in their demographic, diagnostic, and therapeutic (i.e., clinical) attributes, and in their consumption of hospital resources during the inpatient stay. These groupings are used to incorporate severity of illness measurements into the process for prospective payment determination for inpatient hospital services.

    - All inclusive per diem is the payment rate to nursing facilities, hospitals, or ICFs/MR that covers all services provided (no additional charges are made for ancillary services such as physical therapy, drugs, etc.).

    - Case mix per diem: The unit of payment based on levels of care required per beneficiary in hospitals, nursing facilities, and ICFs\MR.

- Trend index: States that pay institutional providers prospectively use a trend factor to update payment rates (usually on an annual basis). States are free to choose an index or develop their own. Common indexes used by States in this report are:

    - DRI National: Data Resources Inc., a national index;

    - DRI Regional: Data Resources Inc., a regional index;

    - HCFA Market basket: Health Care Financing Administration market basket index; and

    - CPI: Consumer Price index.

- Ancillary services: Institutional payment is based on a bundle of services. These services, typically called ancillary, can be included in the institutional rate, paid for separately, or not covered by Medicaid.

- Other services: In addition to ancillary services, State Medicaid programs may pay institutional providers for other types of services. The most common are administratively necessary days and reserved bed days. Administratively necessary days are those days that a beneficiary spends in the institution awaiting placement to the community or another institution. Reserved bed days refers to Medicaid payment to institutions, typically nursing homes, for days when the Medicaid beneficiary is not in the institution -- such as for hospitalization.

- Group classification: State Medicaid programs can establish payment methods based on criteria for grouping types of facilities or can pay on an individual facility basis. Group classifications tend to be used to account for cost differences between types of facilities.

Federal law and regulations stipulate that State Medicaid hospital payment policies must take into account the situation of hospitals serving a disproportionate number of low-income beneficiaries. Table I-1 shows the way that each State can designate, pay, and finance disproportionate share hospitals. Special attention is given to State use of provider taxes and donations to finance disproportionate share payments.

- Disproportionate Share Hospitals (DSH) are hospitals that serve a higher than average number of Medicaid and other low-income patients. DSH have a different reimbursement rate than other hospitals. States show how they calculated this rate in their State plan. DSH definitions and payment adjustment methods are found in section 1923 of the Act.

- Inpatient utilization rate threshold is defined in section 1923(b)(2);

- Low income utilization rate threshold is defined in section 1923(b)(3);

- DSH payment adjustment method is described in sections 1923(c)(1), 1923(c)(2), 1923(c)(3), and 1923(e).

Table I-1 also identifies donations and taxes programs by type of facility and shows whether these funds are spent on Medicaid expansion, other Medicaid expenses, or non-Medicaid costs.

SECTION SIX: 1991 CHANGES IN THE MEDICAID PROGRAM

Section six of each State profile was prepared by the National Governors' Association (NGA) Center for Policy Research. This section contains abstracts of Medicaid program policy changes implemented or proposed by States during 1991. Program modifications required of all States as the result of changes in Federal requirements are not included. Section Six is not included for: The District of Columbia, Indiana, North Dakota, Rhode Island, South Dakota, and West Virginia.

NGA's section adds data on home and community-based services waivers, Medicaid coordinated care, and State program changes. To date, these data are not part of the spDATA System. NGA collected data from Medicaid State plans, SPAs, surveys, provider announcements, and State regulations.

STATE PROFILES

Alabama

Characteristics of the Medicaid State Plan as of March 1992

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Alabama Medicaid Agency 2500 Fairlane Drive Montgomery, AL 36130	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
MEDICAL SERVICES ADMINISTRATION	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ALABAMA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1.	PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALABAMA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALABAMA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALABAMA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$100
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALABAMA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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ALABAMA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$25000

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALABAMA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALABAMA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	U
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
ALABAMA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	100.00	123.00	149.00	168.00	194.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALABAMA

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	Y
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALABAMA

	CAT/MED 1	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	YL	N
+FEDERALLY QUAL HLTH CTRS	YL	N
+OTHER LAB AND X-RAYS	YL	N
+NF (AGE 21 OR OLDER)	YL	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	Y	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	N	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	N	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	N	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	Y	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	YL	N
+MED SUPP/EQUIP/APPLIANCES	YL	N
PHYSICAL THERAPY	N	N
OCCUPATIONAL THERAPY	N	N
SPEECH PATHOLOGY/AUDIOLOGY	N	N
PRIVATE DUTY NURSING	N	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	YL*	N
MENTAL HEALTH CLINIC	Y	N
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	YL	N
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	N	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH DISORDERS	YL	N
HEARING DISORDERS	YL	N
LANGUAGE DISORDERS	YL	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	YL	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALABAMA

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	YL	N
SCREENING SERVICES	Y	N
PREVENTIVE SERVICES	YL	N
REHABILITATIVE SERVICES	YL	N
IMD INPAT HOSP (65 OR OLDER)	N	N
IMD NF (65 OR OLDER)	YL	N
ICF/MR	Y	N
INPAT PSYCH (UNDER 21)	Y	N
+NURSE MIDWIFE	YL	N
HOSPICE CARE	YL	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	Y	N
TCM - CHRON MENTALLY ILL	YL	N
TCM - PREGNANT WOMEN	YL	N
TCM - AIDS	Y	N
TCM - HIV POSITIVE	Y	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	Y	N
RESPIRATORY CARE SERVICES	YL	N
+CERT PED NURSE PRACTITIONER	YL	N
+CERT FAM NURSE PRACTITIONER	YL	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	YL	N
CHRISTIAN SCI SANITORIUMS	YL	N
NF SERVICES (UNDER 21)	YL	N
EMERGENCY HOSP SERVICES	YL	N
PERSONAL CARE SERVICES	YL	N
TRANSPLANT SERVICES	Y	N

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

ALABAMA NON-INSTITUTIONAL PAYMENT METHOOOLOGY

EFFECTIVE MEOICAIO STATE PLAN AS OF 03/11/92, FOR DATA ENTEREO BY 03/12/92

	PRESC ORUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PEO	NURSE MOWIF	MCH CLNIC	OENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	N	N
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	NA	NA
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	NA
EPSOT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	NA
METHOO OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	NA
FEE SCHEOULE?	NA	Y	Y	Y	N	Y	Y	NA	NA
STATE DETERMINED?	NA	Y	Y	N	NA	Y	Y	NA	NA
UPDATE YEAR	NA	1990	1991	NA	NA	1990	1990	NA	NA
MEOICARE	NA	N	N	Y	NA	N	N	NA	NA
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	NA	NA
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	Y	N	N	NA	NA
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	N	N	NA	NA
MEOICARE REASONABLE	NA	N	N	N	N	N	N	NA	NA
PERCENT BILLEO	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	1990	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	NA
NEVADA	NA	N	N	N	N	N	N	NA	NA
OTHER RVS	NA	N	N	N	N	N	N	NA	NA
OTHER PAYMENT METHOD	NA	N	N	Y	N	N	Y	NA	NA
ORUG REIMBURSEMENT-									
HCFA LIMITS ANO EAC:%	9.20	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$5.40	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$5.40	NA	NA	NA	NA	NA	NA	NA	NA

* = OATA BASEO ON PENOING STATE PLAN AMENOMENT

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNOING SOURCE, ANO INFORMATION ON OONATIONS ANO TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATEO ACQUISITION COST (INGREOIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). OE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATEO UNOER AHCCCS.

ALABAMA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	Y	N	N	N	N	N	NA	NA
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	N	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	Y	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	N	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	N	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	N	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	Y	Y	N	N	N	N	N	NA	NA
DONATION	N	N	NA	NA	NA	NA	NA	NA	NA
TAX	Y	Y	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	Y	Y	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	Y	Y	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	Y	Y	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	Y	N	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

ALABAMA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$546.31	$385.36	NA	NA	$183.65
RATE PERIOD-					
BEGINS (MMDDYYYY)	0101	0101	0701	NA	0101
METHOD OF PAYMENT-					
PROSPECTIVE	N	Y	Y	Y	Y
RETROSPECTIVE	N	N	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	Y	N	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	Y	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	Y	Y	Y	Y	Y
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	N	Y	N	N	N
ANCIL PER DIEM	Y	Y	Y	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	Y	N	N	N
RESERVED BED DAYS	N	Y	N	N	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	Y	Y	N	N	N
PEER GROUPING	N	N	Y	Y	Y
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	Y	Y	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

ALABAMA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	Y	Y	NA	NA
LOW INC UTIL RT THRSHLD	Y	Y	Y	NA	NA
OTHER DSH DEFINITION	Y	Y	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	Y	NA	NA
SECT 1923(C) (3)	Y	Y	Y	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	0.25	0.25	0.25	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	Y	N	NA	NA
GENERAL TAX	N	Y	N	NA	NA
GENERAL REVENUE FUND	N	Y	Y	NA	NA
OTHER FUNDING SOURCE	Y	Y	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	Y	Y	N	Y	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	N	NA	NA
MEDICAID EXPANSION	Y	Y	N	Y	N
OTHER MEDICAID	Y	Y	N	Y	N
NON-MEDICAID	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

ALABAMA

Inpatient Hospital Services

07/91 Alabama changed inpatient hospital day limitations as follows:

- Children under one year will not be limited as long as the stay is medically necessary. This applies to services provided by all hospitals.

- Authorized inpatient days for deliveries will be limited to a maximum of 8 days when routine benefit limits have been exhausted.

07/91 Alabama added heart transplants and adult liver transplants as covered Medicaid services. In addition, changes in benefit limitation and payments for bone marrow transplants and liver transplants are as follows:

- All transplants must meet medical criteria outlined in the Alabama Medicaid Transplant Manual.

- Coverage of liver transplants has been expanded to include eligible beneficiaries over the age of 21.

- Bone marrow, heart, and liver transplants require prior authorization and must be performed within State boundaries. If there is no in-State facility or expertise within Alabama, the Agency may grant approval for an out-of-State procedure.

- Providers will be reimbursed by a global payment which represents payment in full for all services related to the transplant. The payment schedule is as follows:

  - Bone Marrow Transplant - the lesser of the total charges or a global payment up to a maximum of $90,000

  - Heart Transplant - the lesser of the total charges or a global payment up to a maximum of $135,000

  - Liver Transplant - the lesser of the total charges or a global payment up to a maximum of $145,000

- EPSDT - approved transplants other than those listed above may be prior authorized if determined to be medically necessary.

07/91 Alabama expanded the freedom of choice waiver for maternity care to St. Clair county. All pregnancy related services must be coordinated through the Jefferson County Health Department.

07/91 Alabama extended coverage for children under age 6 in disproportionate share hospitals to an unlimited number of days.

Outpatient Hospital Services

07/91 Alabama increased the payment ceiling for urban hospitals to the 80th percentile.

Physician Services

10/91 Alabama will pay providers of all specialties in rural areas an enhanced rate for office and hospital visits in order to increase participation and improve access to care in rural areas. For providers in rural counties whose specialty is OB/GYN, Family Practice, General Practice, or Pediatrics, an enhanced rate will be paid for global delivery codes and delivery only codes.

Physical Therapy Services

07/91 Alabama will no longer cover physical therapy when provided in a physician's office unless an EPSDT referral has been made. Medicaid will continue to cover this service in a hospital setting for an acute condition without prior approval.

07/91 Alabama will no longer require prior approval for outpatient physical therapy. Service providers need to establish a treatment plan to be placed in each patient's medical record. Records which do not meet the medical criteria, or in which the treatment plan is not appropriately documented, will result in the relevant claims not being recouped.

Lab and X-Ray Services

02/91 Alabama no longer requires prior approval for extracorporeal shock wave lithotripsy (ESWL) treatments.

Nursing Facility Services

02/91 Alabama changed the transfer of resources provision. Individuals who have transferred resources are now eligible for all Medicaid services for the penalty period, with the exception of nursing home payments. These individuals will be identified on the monthly eligibility list sent to the nursing home as not eligible for nursing home payments.

09/91 Alabama began covering personal laundry in nursing homes.

Inpatient Psychiatric Services For Individuals Under 21

08/91 Alabama implemented clarifications and changes in the inpatient psychiatric program for individuals under age 21. These changes are as follows:

- Medicaid beneficiaries under age 21 who meet the medical criteria for admission and continued stay must be admitted to and remain in the Child/Adolescent Unit. Admission or transfer to other units are not reimbursable.

- Certifications of need (CON) for services must be made by teams as follows:

  - For the non-emergency admission of a Medicaid beneficiary, the CON must be made prior to the admission. The team must include a physician (changed from a board-eligible or board-certified psychiatrist).

  - For an individual who applies for Medicaid while in the facility, the CON must be completed at the time application is made. If the CON is completed after the application is filed, payment cannot be made for that interim time.

  - For emergency admissions, the CON must be made within 5 working days after admission.

Home Health Services

10/91 Alabama decreased the frequency of an RN's supervisory visit to homes of all patients receiving home health aide services. The visits now must occur once every 60 days rather than once every 2 weeks.

Eligibility

09/91 Alabama no longer covers presumptive eligibility for pregnant women.

02/91 Alabama changed the transfer of resources provision. Individuals who have transferred resources are now eligible for all Medicaid services for the penalty period, with the exception of nursing home payments. These individuals will be identified on the monthly eligibility list sent to the nursing home as not eligible for nursing home payments.

Other Approaches

08/91 See Inpatient Psychiatric Services For Individuals Under 21 above.

Alaska

Characteristics of the Medicaid State Plan as of March 1992

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS: — Y

1. Department of Health and Social Services
   P.O. Box 110601
   Juneau, AK 99811-0601

2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: — N

   N/A

3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C). — N

B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).

1. AFDC RELATED MEDICAID ONLY GROUPS:
   - A. THE TITLE IV-A AGENCY — N
   - B. THE TITLE XIX AGENCY — Y

2. SSI RECIPIENTS:
   - A. THE IV-A AGENCY — N
   - B. THE SOCIAL SECURITY ADMINISTRATION — N
   - C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS — N
   - D. THE TITLE XIX AGENCY — Y

3. AGED, BLIND, AND DISABLED MEDICAID ONLY:
   - A. THE TITLE IV-A AGENCY — N
   - B. THE TITLE XIX AGENCY — Y
   - C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND — N

C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: — Y

   DIVISION OF MEDICAIL ASSISTANCE

D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3). — Y

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U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALASKA

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALASKA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	Y
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALASKA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALASKA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$75
B. FOR COUPLES	$150
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$75
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	Y
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	N
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	Y
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$756

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALASKA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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ALASKA

E.	INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	1221
F.	THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2.	RESOURCE STANDARD	
A.	PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B.	CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0
F.	STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1.	THE STATE USES A STANDARD OF $66,480.	Y
2.	THE STATE USES A STANDARD OF $13,296.	N
3.	THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALASKA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	N
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALASKA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
ALASKA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	498.00	792.00	891.00	990.00	1089.00	Y
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALASKA

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALASKA

	CAT/MED 1	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	Y	N
+FEDERALLY QUAL HLTH CTRS	Y	N
+OTHER LAB AND X-RAYS	YL	N
+NF (AGE 21 OR OLDER)	YL	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	YL	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	YL	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	N	N
OPTOMETRISTS	Y	N
CHIROPRACTORS	YL	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	N	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	YL	N
+MED SUPP/EQUIP/APPLIANCES	YL	N
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	N	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	Y	N
MENTAL HEALTH CLINIC	YL	N
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	N	N
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	Y	N
OCCUPATIONAL THERAPY	Y	N
SPEECH DISORDERS	Y	N
HEARING DISORDERS	Y	N
LANGUAGE DISORDERS	Y	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	N	N
PROSTHETIC DEVICES	Y	N
EYEGLASSES	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ALASKA

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	N	N
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	N	N
IMD INPAT HOSP (65 OR OLDER)	YL	N
IMD NF (65 OR OLDER)	N	N
ICF/MR	YL	N
INPAT PSYCH (UNDER 21)	YL	N
+NURSE MIDWIFE	Y	N
HOSPICE CARE	N	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	N	N
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	N	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	Y	N
+CERT FAM NURSE PRACTITIONER	Y	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	YL	N
EMERGENCY HOSP SERVICES	Y	N
PERSONAL CARE SERVICES	YL	N
TRANSPLANT SERVICES	Y	N

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Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

ALASKA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y*	Y	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	Y	N	N	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	N
FEE SCHEDULE?	NA	N	N	Y	N	N	N	NA	N
STATE DETERMINED?	NA	NA	NA	N	NA	NA	NA	NA	NA
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	NA	Y	NA	NA	NA	NA	NA
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	Y	N	N	Y	Y	NA	Y
COSTS-									
STATE REASONABLE	NA	Y	N	N	Y	N	N	NA	N
MEDICARE REASONABLE	NA	N	N	N	N	N	N	NA	N
PERCENT BILLED	NA	0.00	NA	NA	100.00	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	1984	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	5.00	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	N	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.45	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$3.45	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

ALASKA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

ALASKA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	NA	$163.00	$163.00
RATE PERIOD-					
BEGINS(MMDDYYYY)	0701	0701	0701	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	Y	Y	Y
RETROSPECTIVE	N	N	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	Y	Y	Y	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	Y	Y	Y	Y	Y
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

ALASKA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	Y	Y	Y	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N	N	N	NA	NA
SECT 1923(C)(2)	N	N	N	NA	NA
SECT 1923(C)(3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$0.00	$0.00	NA	NA	NA
MIN PAYMENT PCT%	0.00	0.00	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section Six: NGA 1991 Changes in the Medicaid Program

ALASKA

Other Diagnostic, Screening, and Preventive Services

06/91 Alaska added mammography as a covered service.

Arizona

Characteristics of the Medicaid State Plan as of March 1992

The Medicaid program in Arizona is operated under a waiver and is administered by the Arizona Health Care Cost Containment System (AHCCCS), a coordinated care program. The majority of non-institutional services are provided through contracting health plans which are paid a capitated amount by AHCCCS for providing care.

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Arizona Health Care Cost Containment System 801 East Jefferson Street Phoenix, AZ 85034	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
AHCCCS	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ARIZONA

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	Y
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARIZONA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	U
OTHER METHOD FOR PART A PAYMENT	U
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	Y

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	N
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	N
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARIZONA

<< CHARGES ARE IMPOSED ON: >>

CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	Y

<< CHARGES ARE COLLECTED BY: >>

PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N

<< STATE OR LOCAL FUNDS ARE USED FOR: >>

LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N

<< OTHER POLICIES >>

NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARIZONA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	N

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$61
B. FOR COUPLES	$122
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$61
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$138

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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U = UNAVAILABLE
NA = NOT APPLICABLE

ARIZONA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	140
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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NA = NOT APPLICABLE

ARIZONA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 300%

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. N

2. THE STATE USES A STANDARD OF $13,296. Y

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARIZONA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARIZONA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	N
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
ARIZONA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	173.00	233.00	293.00	353.00	412.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARIZONA

	CAT/MED 1	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	YL	N
+FEDERALLY QUAL HLTH CTRS	YL	N
+OTHER LAB AND X-RAYS	YL	N
+NF (AGE 21 OR OLDER)	Y	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	YL	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	YL	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	YL	N
PSYCHOLOGISTS	YL	N
MEDICAL SOCIAL WORKERS	YL	N
NURSE ANESTHETISTS	YL	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	YL	N
+MED SUPP/EQUIP/APPLIANCES	YL	N
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	YL	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	YL	N
MENTAL HEALTH CLINIC	YL	N
ALCOHOL & SUB ABUSE CLINIC	YL	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	N	N
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH DISORDERS	YL	N
HEARING DISORDERS	YL	N
LANGUAGE DISORDERS	YL	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	YL	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARIZONA

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	YL	N
PREVENTIVE SERVICES	YL	N
REHABILITATIVE SERVICES	YL	N
IMD INPAT HOSP (65 OR OLDER)	N	N
IMD NF (65 OR OLDER)	N	N
ICF/MR	YL	N
INPAT PSYCH (UNDER 21)	YL	N
+NURSE MIDWIFE	YL	N
HOSPICE CARE	Y	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	N	N
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	N	N
RESPIRATORY CARE SERVICES	Y	N
+CERT PED NURSE PRACTITIONER	YL	N
+CERT FAM NURSE PRACTITIONER	YL	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	YL	N
CHRISTIAN SCI SANITORIUMS	YL	N
NF SERVICES (UNDER 21)	Y	N
EMERGENCY HOSP SERVICES	YL	N
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	Y	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

ARIZONA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	Y	N
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	NA	Y	Y	NA
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	N	NA
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	N	NA
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	N	NA
FEE SCHEDULE?	NA	N	Y	Y	N	NA	Y	Y	NA
STATE DETERMINED?	NA	NA	Y	Y	NA	NA	N	Y	NA
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	NA	NA	N	N	NA
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	N	N	NA
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	Y	Y	Y	N	NA	Y	N	NA
COSTS-									
STATE REASONABLE	NA	N	N	N	N	NA	N	N	NA
MEDICARE REASONABLE	NA	N	N	N	Y	NA	N	N	NA
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	N	NA
NEVADA	NA	N	N	N	N	NA	N	N	NA
OTHER RVS	NA	N	N	N	N	NA	N	N	NA
OTHER PAYMENT METHOD	NA	Y	N	N	N	NA	N	N	NA
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

ARIZONA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	N	NA
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	N	NA
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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ARIZONA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	NA	NA	NA
RATE PERIOD-					
BEGINS (MMDDYYYY)	NA	NA	NA	NA	NA
METHOD OF PAYMENT-					
PROSPECTIVE	N	N	N	N	N
RETROSPECTIVE	N	N	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	N
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	N	N	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

ARIZONA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section Six: NGA 1991 Changes in the Medicaid Program

ARIZONA

Eligibility

06/91 Arizona increased AFDC assistance from 33% of FPL to 36% of FPL.

Arkansas

Characteristics of the Medicaid State Plan as of March 1992

Arkansas covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Arkansas Department of Human Services P.O. Box 1437, Slot 329 Little Rock, AR 72203-1437	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
DIV OF ECONOMIC & MED SVCS OFFICES OF MED. SVCS. AND LTC	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ARKANSAS

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES (4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARKANSAS

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	Y

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARKANSAS

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARKANSAS

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	MN
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARKANSAS

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	185
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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ARKANSAS

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300%
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	NA
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	Y
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARKANSAS

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARKANSAS

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARKANSAS

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
ARKANSAS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	81.00	162.00	204.00	247.00	286.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	108.00	217.00	275.00	333.00	383.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3100.00	3200.00	3300.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	3					
AND (MTH)	N					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARKANSAS

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARKANSAS

	CAT/MED	
+INPATIENT HOSPITAL	YL*	YL*
+OUTPATIENT HOSPITAL	YL	YL
+RURAL HEALTH CLINICS	YL	YL
+FEDERALLY QUAL HLTH CTRS	YL	YL
+OTHER LAB AND X-RAYS	Y*	Y*
+NF (AGE 21 OR OLDER)	Y	N
+EPSDT	Y	Y
+FAM PLANNING & SUPPLIES	YL	YL
+PHYSICIAN SERVICES	YL	YL
+MED/SURG SERV OF A DENTIST	YL	YL
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	YL
OPTOMETRISTS	YL	YL
CHIROPRACTORS	N	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	Y	Y
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	Y*	Y*
+HOME HEALTH AIDE	Y*	Y*
+MED SUPP/EQUIP/APPLIANCES	YL	YL
PHYSICAL THERAPY	Y	Y
OCCUPATIONAL THERAPY	N	N
SPEECH PATHOLOGY/AUDIOLOGY	N	N
PRIVATE DUTY NURSING	YL	YL
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	N	N
MENTAL HEALTH CLINIC	N	N
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	YL	YL
END STAGE RENAL DISEASE	Y	Y
MR/DAY TREATMENT	YL	YL
DENTAL SERVICES	N	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	N	N
OCCUPATIONAL THERAPY	N	N
SPEECH DISORDERS	N	N
HEARING DISORDERS	N	N
LANGUAGE DISORDERS	N	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL*	YL*
DENTURES	N	N
PROSTHETIC DEVICES	YL	YL
EYEGLASSES	YL	YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ARKANSAS

	CAT/MED	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	N	N
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	YL*	YL*
IMD INPAT HOSP (65 OR OLDER)	N	N
IMD NF (65 OR OLDER)	Y	N
ICF/MR	Y	N
INPAT PSYCH (UNDER 21)	Y	Y
+NURSE MIDWIFE	Y	Y
HOSPICE CARE	N	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	N	N
TCM - PREGNANT WOMEN	Y	Y
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	YL	YL
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	YL	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	YL	YL
+CERT FAM NURSE PRACTITIONER	YL	YL
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	Y	Y
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	Y	N
EMERGENCY HOSP SERVICES	Y	Y
PERSONAL CARE SERVICES	YL*	YL*
TRANSPLANT SERVICES	Y	Y

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

ARKANSAS NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y*	Y	Y	Y	Y	Y	Y	N	N
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	NA	NA
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	NA
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	NA
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	NA
FEE SCHEDULE?	NA	Y	Y	Y	N	Y	Y	NA	NA
STATE DETERMINED?	NA	Y	Y	N	NA	Y	Y	NA	NA
UPDATE YEAR	NA	NA	1991	NA	NA	1991	1991	NA	NA
MEDICARE	NA	N	N	Y	NA	N	N	NA	NA
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	NA	NA
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	N	N	NA	NA
COSTS-									
STATE REASONABLE	NA	N	N	N	N	N	N	NA	NA
MEDICARE REASONABLE	NA	N	N	N	Y	N	N	NA	NA
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	NA
NEVADA	NA	N	N	N	N	N	N	NA	NA
OTHER RVS	NA	N	N	N	N	N	N	NA	NA
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	NA	NA
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.50*	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y*	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.51*	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$20.00*	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

ARKANSAS NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	NA	NA
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	Y	Y	Y	Y	Y	Y	Y	NA	NA
DONATION	N	N	N	N	N	N	N	NA	NA
TAX	Y	Y	Y	Y	Y	Y	Y	NA	NA
OTHER	N	N	N	N	N	N	N	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	N	N	N	N	N	N	N	NA	NA
MEDICAID EXPANSION	Y	Y	Y	Y	Y	Y	Y	NA	NA
OTHER MEDICAID	N	N	N	N	N	N	N	NA	NA
NON-MEDICAID	N	N	N	N	N	N	N	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

ARKANSAS INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$633.42	$320.00*	$350.00*	$48.94	$160.37
RATE PERIOD-					
BEGINS(MMDDYYYY)	02011992	08081991*	08011991*	07011991	0701
METHOD OF PAYMENT-					
PROSPECTIVE	N	Y	Y	Y	Y
RETROSPECTIVE	Y	N	N	N	Y
OTHER METHOD	N	Y	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	Y	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	Y	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N*	N*	N	N
DRI REGIONAL	N	N*	N*	N	N
HCFA MARKET BASKET	Y	N*	N*	N	N
CONSUMER PRICE INDEX	N	Y*	Y*	Y	Y
OTHER TREND INDEX	Y	Y	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	Y	Y	Y	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	Y	Y
PEER GROUPING	Y	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	Y
STATE OWNED	N	N	N	N	Y
OTHER CLASSIFICATION	N	N	N	N	N

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ARKANSAS INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	Y	Y	NA	NA
LOW INC UTIL RT THRSHLD	Y	Y	Y	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N	N	N	NA	NA
SECT 1923(C)(2)	Y*	Y*	Y*	NA	NA
SECT 1923(C)(3)	N*	N*	N*	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$1000.00*	$1000.00*	$1000.00*	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	Y*	Y*	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	Y	Y*	Y*	Y	Y
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y*	Y*	NA	NA
MEDICAID EXPANSION	Y	Y*	Y*	Y	Y
OTHER MEDICAID	Y	Y*	Y*	N	N
NON-MEDICAID	N	N	N	N	N

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ARKANSAS

General

01/91 Arkansas now requires all child health management services, including brief consultation visits (code Z1573), to be performed in a clinic setting; they can no longer be performed off-site.

07/91 Arkansas increased reimbursement to all ambulatory surgical center, physician, outpatient hospital, and laboratory and x-ray providers. The increase is equal to 80% of the Blue Cross/Blue Shield customary rate. The increased reimbursement is the result of the new 1991 gross receipts tax.

07/91 Arkansas increased reimbursement by 10% for all hyperalimentation providers. The fee increase is funded through revenues resulting from the new 1991 gross receipts tax.

02/91 Arkansas now allows providers performing prior authorized surgical procedures 60 days from date of service to obtain prior authorization if the Medicaid beneficiary is under age 21.

Inpatient Hospital Services

05/91 Arkansas Medicaid no longer requires prior authorization for services provided by an anesthesiologist.

07/91 Arkansas Medicaid added direct reimbursement of Certified Registered Nurse Anesthetists (CRNAs) employed by a hospital for all charges billed on a HCFA-1500 claim form.

07/91 Arkansas revised reimbursement for hospitals which began cost reimbursement on/or after July 1, 1991, establishing interim per diem rates with year-end cost settlements (for inpatient services only).

07/91 Arkansas removed the Medicaid Utilization Management Program (MUMP) requirement for inpatient hospital services for individuals under age 21.

07/91 Arkansas increased the base rate for certified registered nurse anesthetists (CRNAs) from $10.01 to approximately $14.00. The rate increase is the result of the new 1991 gross receipts tax.

07/91 Arkansas revised reimbursement to all rehabilitative hospital providers.

07/91 Arkansas Medicaid established the Medicaid Utilization Management Program (MUMP) to determine length of stay reimbursement for all inpatient acute care/general and rehabilitative hospital services.

07/91 Arkansas eliminated the prior authorization requirement for the tissue typing procedure codes pertaining to organ transplants when performed on a Medicaid beneficiary or donor.

07/91 Arkansas limited all inpatient hospital admissions to 4 days when inpatient care is determined medically necessary. On the 5th day, an extension of inpatient days may be requested.

12/91 Arkansas limited inpatient hospital services for beneficiaries age 21 and older to the 75th percentile of the Professional Activities Study (PAS) length of stay by diagnosis for the southern region of the United States. The PAS is based on the primary discharge diagnosis. No extension will be authorized.

12/91 Arkansas now covers the following transplants with prior authorization under the EPSDT program:

- single lung transplants;
- skin transplants for burns of greater than 70% of the body surface area with more than 50% of that area being full thickness or a third degree burn;
- pancreas/kidney transplants with a diagnosis of juvenile diabetes with renal failure.

Benefits for all three procedures cover procurement of the organ from a cadaver donor, hospital and physician services for the transplant, and post-operative care until discharged from the hospital.

11/91 Arkansas no longer requires prior authorization for laparoscopy and cholecystectomy procedures.

11/91 Arkansas dropped prior authorization requirements for certain inpatient, outpatient, and physician services.

Outpatient Hospital Services

09/91 Arkansas Medicaid added BCG vaccine (for treatment of bladder cancer procedure Z1720) as a covered service when provided to patients with a diagnosis of carcinoma in situ of the bladder. The above procedure is payable to physicians, outpatient hospitals, and ambulatory surgical centers.

07/91 Arkansas increased reimbursement to all ambulatory surgical center, physician, outpatient hospital, and laboratory and x-ray providers. The increase is equal to 80% of the Blue Cross/Blue Shield customary rate. The increased reimbursement is the result of the new 1991 gross receipts tax.

07/91 Arkansas no longer limits outpatient chemotherapy or radiation therapy.

07/91 Arkansas established a limit of 18 visits per State fiscal year for outpatient hospital services for beneficiaries age 21 and over.

12/91 Arkansas now covers, when performed in an outpatient hospital setting, speech, language, or hearing therapy with continuing medical supervision for individuals or group; and individuals or group occupational therapy.

11/91 Arkansas dropped prior authorization requirements for certain inpatient, outpatient, and physician services.

Rural Health Clinic Services

12/91 Arkansas has instituted a 12-visit per fiscal year (July 1-June 30) cap for rural health clinics and Federally Qualified Health Centers (FQHCs). The following services count towards the 12 visits:

- physician services in the office, home, or nursing facility;
- visits to any FQHC;
- visits made to a rural health clinic;
- medical services provided by a dentist;
- medical services provided by a podiatrist; and
- office medical services provided by a optometrist.

Extensions will be considered for beneficiaries in a life-threatening situation when requested by a physician.

Clinic Services

01/91 Arkansas now requires all child health management services, including brief consultation visits (code Z1573), to be performed in a clinic setting; they can no longer be performed off-site.

07/91 Arkansas limited FQHC services to 18 visits per State fiscal year.

09/91 Arkansas Medicaid added BCG vaccine (for treatment of bladder cancer procedure Z1720) as a covered service when provided to patients with a diagnosis of carcinoma in situ of the bladder. The above procedure is payable to physicians, outpatient hospitals, and ambulatory surgical centers.

07/91 Arkansas increased reimbursement to all ambulatory surgical center, physician, outpatient hospital, and laboratory and x-ray providers. The increase is equal to 80% of the Blue Cross/Blue Shield customary rate. The increased reimbursement is the result of the new 1991 gross receipts tax.

07/91 Arkansas now limits hemodialysis to 3 times weekly.

12/91 See Rural Health Clinic Services 12/91 above.

Physician Services

09/91 Arkansas Medicaid added BCG vaccine (for treatment of bladder cancer procedure Z1720) as a covered service when provided to patients with a diagnosis of carcinoma in situ of the bladder. The above procedure is payable to physicians, outpatient hospitals, and ambulatory surgical centers.

10/91 Arkansas Medicaid added coverage of supracervical hysterectomy (Procedure Code 58180), with or without removal of tube(s), with or without removal of ovary(s). Procedure requires prior authorization.

07/91 Arkansas increased reimbursement to all ambulatory surgical center, physician, outpatient hospital, and laboratory and x-ray providers. The increase is equal to 80% of the Blue Cross/Blue Shield customary rate. The increased reimbursement is the result of the new 1991 gross receipts tax.

07/91 Arkansas established a physician services benefit limit of 18 visits per State fiscal year for beneficiaries age 21 and over.

07/91 Arkansas increased the base payment rate for anesthesiologists to $20.80. The base rate for certified registered nurse anesthetists increased to $16.64.

11/91 Arkansas dropped prior authorization requirements for certain inpatient, outpatient, and physician services.

Nurse Practitioner, Midwife, Physician Extender Services

07/91 Arkansas increased reimbursement to all nurse midwife providers. The new nurse midwife fee schedule will be based on 80% of the physician fee schedule. This fee increase is the result of the new 1991 gross receipts tax.

07/91 Arkansas increased the base payment rate for anesthesiologists to $20.80. The base rate for certified registered nurse anesthetists increased to $16.64.

Dentist Services

07/91 Arkansas increased reimbursement by 40% for about 50 dental procedure codes. This rate increase is the result of the new 1991 gross receipts tax.

07/91 Arkansas expanded the dental program to include beneficiaries age 21 and older when services are provided for relief of pain.

09/91 Arkansas Medicaid Program no longer requires prior authorization for procedure code 90230 - Analgesia NO2 when requesting one unit of service per day. Requests for more than one unit of NO2 per day will continue to require prior authorization by report.

09/91 Arkansas made several changes in the Medicaid dental program relative to coverage and prior authorization requirements. Some of the service areas affected include radiographs, crowns, and certain periodontic procedures.

Podiatrist Services

07/91 Arkansas expanded the podiatry program to include beneficiaries age 21 and older. In addition, all podiatry providers will receive a 10% increase in Medicaid reimbursement rates. These changes are funded through the 1991 gross receipts tax.

07/91 Arkansas set a limit of 18 visits per State fiscal year for podiatry services for beneficiaries age 21 and older.

Chiropractor Services

07/91 Arkansas increased reimbursement by 50% for all chiropractic providers. The revenues for this fee increase are the result of the new 1991 gross receipts.

07/91 Arkansas expanded the chiropractor program to include beneficiaries age 21 and over. A benefit limit of 12 visits per State fiscal year has been established.

Physical Therapy Services

07/91 Arkansas increased reimbursement by 23% for all physical therapy providers. This increase is funded through the revenues of the 1991 gross receipts tax.

07/91 Arkansas expanded the occupational, physical and speech therapy program to include beneficiaries age 21 and over. A benefit limit of 3 units per day per beneficiary has been established.

Occupational Therapy Services

07/91 Arkansas increased reimbursement by 23% for all occupational therapy providers. This fee increase is funded through the new 1991 gross receipts tax.

07/91 Arkansas expanded the occupational, physical and speech therapy program to include beneficiaries age 21 and over. A benefit limit of 3 units per day per beneficiary has been established.

12/91 Arkansas now covers, when performed in an outpatient hospital setting, speech, language, or hearing therapy with continuing medical supervision for individuals or group; and individual or group occupational therapy.

Speech, Hearing and Language Therapy Services

07/91 Arkansas increased reimbursement 10% for all hearing services providers. This increase is the result of the new 1991 gross receipts tax.

07/91 Arkansas increased reimbursement by 4% for all speech therapy providers. This fee increase is the result of the new 1991 gross receipts tax.

07/91 Arkansas expanded the occupational, physical and speech therapy program to include beneficiaries age 21 and over. A benefit limit of 3 units per day per beneficiary has been established.

12/91 Arkansas now covers, when performed in an outpatient hospital setting, speech, language, or hearing therapy with continuing medical supervision for individuals or group; and individual or group occupational therapy.

Psychologist Services

10/91 Arkansas added therapeutic leave for psychiatric patients in an acute care hospital. Leave is allowed for a maximum of 8 hours per 24 hour period.

07/91 Arkansas Medicaid increased reimbursement for all psychology providers. This increase is funded by the new 1991 gross receipts tax.

07/91 Arkansas expanded its psychology services to include beneficiaries aged 21 and older. Benefit limits are established per State fiscal year (July 1-June 30). The following limits apply:

Description	Benefit Limit
Diagnosis	1 encounter/yr.
Psychological test/evaluation	1 encounter/yr.
Psychological tests/battery	1 encounter/yr.
Interpretation of diagnosis	1 encounter/yr.
Crisis management visit	48 units/yr.
Individual outpatient therapy	4 units/wk.
Marital/family therapy	6 units/wk.
Ind. outpatient collateral	12 units/90 days
Group outpatient therapy	6 units/wk.

07/91 Arkansas removed the established benefit limits for rehabilitative services for persons with mental illness. The length of service information and other policy guidelines remain unchanged.

Lab and X-Ray Services

07/91 Arkansas increased reimbursement to all ambulatory surgical center, physician, outpatient hospital, and laboratory and x-ray providers. The increase is equal to 80% of the Blue Cross/Blue Shield customary rate. The increased reimbursement is the result of the new 1991 gross receipts tax.

07/91 Arkansas increased reimbursement for all portable x-ray providers. The new rates are based on 80% of the Blue Cross/Blue Shield customary rate. This increase is funded through the new 1991 gross receipts tax.

07/91 Arkansas established a benefit limit of $1000 per State fiscal year for lab and x-ray services for beneficiaries age 21 and over. Magnetic Resonance Imaging (MRI) is exempt from the dollar limit.

07/91 Arkansas now requires all children aged one through five to be tested for blood lead levels. Older children should be tested as risk factors indicate.

Treatment shall include environmental evaluation to identify the source of the lead, and periodic reevaluations.

Prescribed Drugs

07/91 Arkansas increased the dispensing fee for its pharmacy program to $4.51 + .103 (EAC). The dispensing fee will be capped at $20.00 per prescription. This fee increase is the result of the new 1991 gross receipts tax.

06/91 Arkansas' prescription drug program no longer covers over-the-counter drugs for long-term care beneficiaries.

Family Planning Services

07/91 Arkansas Medicaid added coverage of the following procedure codes regarding Norplant:

Z1754	-	Norplant System (complete kit)
Z1755	-	Insertion of Norplant
Z1756	-	Removal of Norplant

07/91 Arkansas increased reimbursement to all family planning providers by 10%. This increase is the result of the new 1991 gross receipts tax.

EPSDT and Maternal and Infant Health Services

07/91 Arkansas increased reimbursement to all EPSDT providers based on a methodology for comparable services.

07/91 Arkansas increased reimbursement for child health management service providers based on methodology for comparable services. The increased rate was made possible through the new 1991 gross receipts tax.

12/91 Arkansas now covers the following transplants with prior authorization under the EPSDT program:

- single lung transplants;

- skin transplants for burns of greater than 70% of the body surface area with more than 50% of that area being full thickness or a third degree burn;

- pancreas/kidney transplants with a diagnosis of juvenile diabetes with renal failure.

Benefits for all three procedures cover procurement of the organ from a cadaver donor, hospital and physician services for the transplant, and post-operative care until discharged from the hospital.

Other Diagnostic, Screening and Preventive Services

09/91 Arkansas Medicaid added BCG vaccine (for treatment of bladder cancer procedure Z1720) as a covered service when provided to patients with a diagnosis of carcinoma in situ of the bladder. The above procedure is payable to physicians, outpatient hospitals, and ambulatory surgical centers.

07/91 Medicaid is adding coverage of Immune Globulin when provided to eligible beneficiaries of all ages in the physician's office, outpatient hospital setting, or beneficiary's home.

07/91 Arkansas added Hepatitis B Immune Serum Globulin (ISG) as a covered service and it is now available to Medicaid beneficiaries of all ages.

04/91 Arkansas added coverage of Leuprolide Acetate, per 1 mg- per procedure code J 9217, for all Medicaid beneficiaries.

Rehabilitative Services

07/91 Arkansas increased reimbursement by 20% to providers of rehabilitative services for persons with mental illness. This fee increase is the result of the new 1991 gross receipts tax.

07/91 Arkansas increased reimbursement by 20% to all providers of developmental day treatment clinic services (DDTCS). This fee increase is the result of the 1991 gross tax receipts tax.

07/91 Arkansas removed the established benefit limits for rehabilitative services for persons with mental illness. The length of service information and other policy guidelines remain unchanged.

Transportation Services

07/91 Arkansas increased reimbursement rates for ground ambulance transportation services to the Medicare 75th percentile.

07/91 Arkansas increased reimbursement from $.36 per mile to $.72 per mile for all profit and non-profit transportation providers. This fee increase is funded through the new 1991 gross receipts tax.

Eyeglasses

07/91 Arkansas established a vision services benefit limit of one pair of glasses every 12 months for beneficiaries age 21 and over. Lens replacements for all beneficiaries are allowed as medically necessary. The prior authorization requirement for repairs has been eliminated.

Prosthetic Devices and Supplies

07/91 Arkansas increased reimbursement by 35% for all end stage renal disease (ESRD) providers. This fee increase is the direct result of the new 1991 gross receipts tax.

11/91 Arkansas now reimburses for durable medical equipment (DME). Any equipment over $500.00 must be prior authorized; anything under $500.00 does not need to be. Also, prior authorization is no longer required for specialized wheelchair items, regardless of the established reimbursement rate. Also, freight charges are now reimbursable for all prosthetics services.

Durable Medical Equipment and Supplies

03/91 Arkansas now covers diapers and underpants of any size, with a limit of $130.00 per month, per beneficiary.

09/91 Arkansas added coverage of several ventilator equipment items. Prior authorization is required.

07/91 Arkansas increased reimbursement by 33% for all ventilator equipment providers per procedure code for the positive and negative pressure ventilator. This increase is a direct result of the new 1991 gross receipts tax.

07/91 Arkansas established a benefit limit of $200 per calendar month for DME medical supplies, home health medical supplies or a combination of the two. Extensions will be considered.

12/91 Arkansas no longer covers certain durable medical equipment (DME) procedures. Also, a benefit limit of $100.00 per calendar month has been established for DME medical supplies, home health medical supplies, or a combination of the two.

11/91 Arkansas now reimburses for durable medical equipment (DME). Any equipment over $500.00 must be prior authorized; anything under $500.00 does not need to be. Also, prior authorization is no longer required for specialized wheelchair items, regardless of the established reimbursement rate. Also, freight charges are now reimbursable for all prosthetics services.

Nursing Facility Services

06/91 Arkansas' prescription drug program no longer covers over-the-counter drugs for long-term care beneficiaries.

Inpatient Psychiatric Services For Individuals Under 21

07/91 Arkansas increased reimbursement for all inpatient psychiatric services for clients under age 21. The new fee is based on a cost per diem not to exceed $350.00.

Home Health Services

07/91 Arkansas increased reimbursement by 45% for all home health providers. This increase is the result of the new 1991 gross receipts tax.

07/91 Arkansas established a benefit limit of 50 home health visits per State fiscal year for beneficiaries of all ages. Extension of benefit limits will be considered.

12/91 Arkansas no longer covers certain durable medical equipment (DME) procedures. Also, a benefit limit of $100.00 per calendar month has been established for DME medical supplies, home health medical supplies, or a combination of the two.

Personal Care Services

07/91 Arkansas Medicaid added personal care services for categorically needy Medicaid beneficiaries residing in licensed residential care facilities.

07/91 Arkansas increased reimbursement by 35% to all private duty nursing providers. This increase is the result of the new 1991 gross receipts tax.

07/91 Arkansas increased reimbursement for all personal care providers from $7.60 to $10.00. This fee increase is the result of the new 1991 gross receipts tax.

07/91 Arkansas now allows personal care services for beneficiaries residing in a residential care facility.

07/91 Arkansas established a benefit limit of 72 hours of personal care services per calendar month for beneficiaries age 21 and over. Extensions will be considered.

07/91 Arkansas will consider extensions beyond the established 72 hours per calendar month for personal care services provided to adults over age 21, when the extension is due to a life-threatening situation or the patient is at risk of institutionalization.

Case Management

07/91 Arkansas increased reimbursement by 21% for all targeted case management providers. The fee increases are funded by the new 1991 gross receipts tax.

Eligibility

07/91 Arkansas set a limit of 18 visits per State fiscal year for podiatry services for beneficiaries age 21 and older.

07/91 Arkansas expanded the dental program to include beneficiaries age 21 and older when services are provided for relief of pain.

07/91 Arkansas expanded the chiropractor program to include beneficiaries age 21 and over. A benefit limit of 12 visits per State fiscal year has been established.

07/91 Arkansas expanded the occupational, physical and speech therapy program to include beneficiaries age 21 and over. A benefit limit of 3 units per day per beneficiary has been established.

07/91 Arkansas expanded psychology services to include beneficiaries age 21 and older.

07/91 See Psychologist Services 07/91 above.

07/91 Arkansas increased the eligibility income limits for pregnant women and infants under one year of age to 185% of the Federal poverty level.

California

Characteristics of the Medicaid State Plan as of March 1992

California covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Health Services 714 P Street, Room 1253 Sacramento, CA 95814	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
MEDICAL CARE STANDARDS DIVISION	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CALIFORNIA

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES (4.35(D)).	N
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CALIFORNIA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	U
OTHER METHOD FOR PART A PAYMENT	U
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CALIFORNIA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	19
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	19
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	Y

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CALIFORNIA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	U
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$35
B. FOR COUPLES	$70
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	MN
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	N
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$200
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CALIFORNIA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	185
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	U
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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CALIFORNIA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). — N

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). — N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). — $2000

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$2000
(II)	FAMILY OF TWO	$3000
(III)	FAMILY OF THREE	$3150
(IV)	FAMILY OF FOUR	$3300
(V)	FAMILY OF FIVE	$3450

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. — N

2. THE STATE USES A STANDARD OF $13,296. — N

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: — $62580*

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CALIFORNIA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	N
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CALIFORNIA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CALIFORNIA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	N
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
CALIFORNIA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	326.00	535.00	663.00	788.00	899.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	575.00	717.00	892.00	1049.00	1200.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3150.00	3300.00	3450.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	U					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CALIFORNIA

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	U
PARENTAL INCOME EXCLUDED	U
AGED, BLIND AND DISABLED	U
CATEGORICALLY NEEDY	U
MEDICALLY NEEDY	U
POVERTY LEVEL GROUPS	U
METHODS VARY BY CATEGORY	U
RESOURCE METHODS	
AFDC RELATED GROUPS	U
CATEGORICALLY NEEDY	U
MEDICALLY NEEDY	U
POVERTY LEVEL GROUPS	U
METHODS VARY BY CATEGORY	U
AGED, BLIND AND DISABLED	U
CATEGORICALLY NEEDY	U
MEDICALLY NEEDY	U
POVERTY LEVEL GROUPS	U
METHODS VARY BY CATEGORY	U
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	U
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	Y
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	U

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CALIFORNIA

	CAT/MED
+INPATIENT HOSPITAL	YL
+OUTPATIENT HOSPITAL	YL
+RURAL HEALTH CLINICS	YL
+FEDERALLY QUAL HLTH CTRS	Y
+OTHER LAB AND X-RAYS	YL
+NF (AGE 21 OR OLDER)	YL
+EPSDT	Y
+FAM PLANNING & SUPPLIES	Y
+PHYSICIAN SERVICES	YL
+MED/SURG SERV OF A DENTIST	YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL
OPTOMETRISTS	YL
CHIROPRACTORS	YL
PSYCHOLOGISTS	YL
MEDICAL SOCIAL WORKERS	N
NURSE ANESTHETISTS	Y
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL
+HOME HEALTH AIDE	YL
+MED SUPP/EQUIP/APPLIANCES	YL
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL
PRIVATE DUTY NURSING	N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	YL
MENTAL HEALTH CLINIC	YL
ALCOHOL & SUB ABUSE CLINIC	YL
BIRTHING CENTER	N
AMBULATORY SURGICAL CENTER	YL
END STAGE RENAL DISEASE	YL
MR/DAY TREATMENT	YL
DENTAL SERVICES	YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	YL
SPEECH DISORDERS	YL
HEARING DISORDERS	YL
LANGUAGE DISORDERS	N
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL
DENTURES	YL
PROSTHETIC DEVICES	YL
EYEGLASSES	YL

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CALIFORNIA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	YL YL
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	YL YL
IMD NF (65 OR OLDER)	YL YL
ICF/MR	YL YL
INPAT PSYCH (UNDER 21)	YL YL
+NURSE MIDWIFE	YL YL
HOSPICE CARE	YL YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	YL YL
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	YL YL
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	N N
+CERT FAM NURSE PRACTITIONER	N N
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	YL YL
CHRISTIAN SCI SANITORIUMS	YL YL
NF SERVICES (UNDER 21)	YL YL
EMERGENCY HOSP SERVICES	YL YL
PERSONAL CARE SERVICES	N N
TRANSPLANT SERVICES	Y Y

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CALIFORNIA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	N	NA	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	N	N
FEE SCHEDULE?	NA	Y	Y	Y	N	NA	Y	Y	Y
STATE DETERMINED?	NA	Y	Y	Y	NA	NA	Y	Y	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	N	N	N	NA	NA	N	N	N
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	NA	N	N	N
COSTS-									
STATE REASONABLE	NA	Y	N	Y	N	NA	Y	Y	Y
MEDICARE REASONABLE	NA	N	N	N	Y	NA	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	Y	Y	Y	N	NA	Y	Y	Y
NEVADA	NA	N	N	N	N	NA	N	N	N
OTHER RVS	NA	N	N	N	N	NA	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

CALIFORNIA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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CALIFORNIA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2185.00	$630.79*	NA	$80.21*	$0.00*
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	0701	0701	0701 *	0701 *
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	N	Y	Y
RETROSPECTIVE	Y	N	Y	N	N
OTHER METHOD	Y	N	Y	Y*	Y*
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	Y	N	N	Y	N
PER DIEM PLUS ADDITIONS	N	N	N	Y	Y
PER DISCHARGE	Y	N	Y	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	Y	Y	Y	Y	Y
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	Y	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	Y	Y	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	N	N	U	Y	Y
ANCIL PER DIEM	N	N	U	Y	Y
OTHER ANCIL	N	N	N	Y	Y
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y	Y	N	N
RESERVED BED DAYS	U	U	U	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	Y	Y
PEER GROUPING	Y	N	N	Y	Y
HIGH/LOW COST	Y	N	N	Y	Y
NUMBER OF BEDS	N	N	N	Y	Y
STATE OWNED	N	N	Y	N	N
OTHER CLASSIFICATION	Y	Y	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

CALIFORNIA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	Y	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	Y	NA	NA
SECT 1923(C) (3)	Y	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$300.00	$2.00	$2.00	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	Y	N	N	NA	NA
PROVIDER TAX	Y	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	N	N	NA	NA
OTHER FUNDING SOURCE	Y	Y	Y	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	Y	N	N	N	N
STATE TAX	Y	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	Y	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

CALIFORNIA

Inpatient Hospital Services

05/91 California increased from two to three the maximum number of days a woman who delivered by C-section may stay in the hospital without prior authorization. (The maximum number of days for women who deliver vaginally remains at two.)

05/91 California set new reimbursement limits for inpatient hospital services. Reimbursement shall be the lesser of the following 4 items for each provider:

1. Exempt rural hospital;
2. Clarify the basic reimbursement and peer-group formulas;
3. Expand the lost of appealable items; and
4. Extend the time requirements to submit data for administrative adjustments.

The State stresses the importance of providers submitting accurate data from the beginning in order to reduce the need for unnecessary appeals.

Durable Medical Equipment and Supplies

12/91 California began using 15-minute, rather than hourly, increments to bill labor time for durable medical equipment (DME) repairs. Also, California proposed a change to the "by-report" billing procedures that would allow the State to receive a discount on the full retail price of DME.

Nursing Facility Services

08/91 California increased reimbursement rates for nursing facilities in the following areas:

- Level A (intermediate care) services	:	4.45%
- Intermediate care services for the developmentally disabled	:	9.76%
- Intermediate care services for the developmentally disabled/habilitative	:	5.04%
- Intermediate care services for the developmentally disabled/nursing	:	6.12%
- Level B (skilled nursing) services	:	7.59%
- Subacute services	:	5.57%
- Leave of absence	:	3.56%
- Bedhold for hospitalization	:	3.56%
- Hospice care	:	7.50%

Hospice Services

10/91 See Nursing Facility Services above.

Eligibility

09/91 California changed financial eligibility determinations for medical services for handicapped children whose families are unable to pay for their care. As of September 1, 1991, counties shall determine and collect an annual enrollment fee and report payments received and due to the department on a quarterly basis. Counties may arrange for a lump sum or periodic payments from families, or may waive the fee if it results in undue hardship.

Colorado

Characteristics of the Medicaid State Plan as of March 1992

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Colorado Department of Social Services 1575 Sherman Street, 8th Floor Denver, CO 80203-1714	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
DIVISION OF MEDICAL ASSISTANCE	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COLORADO

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	N

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U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COLORADO

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COLORADO

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	19
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COLORADO

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$34
B. FOR COUPLES	$68
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	N
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$205

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COLORADO

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	N
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	N
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	N
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	N
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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COLORADO

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 300%

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	AFDC
(II)	FAMILY OF TWO	AFDC
(III)	FAMILY OF THREE	AFDC
(IV)	FAMILY OF FOUR	AFDC
(V)	FAMILY OF FIVE	AFDC

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. N

2. THE STATE USES A STANDARD OF $13,296. Y

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COLORADO

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COLORADO

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	20
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
COLORADO
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	214.00	280.00	356.00	432.00	512.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COLORADO

	CAT/MED 1	
+INPATIENT HOSPITAL	Y	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	Y	N
+FEDERALLY QUAL HLTH CTRS	Y	N
+OTHER LAB AND X-RAYS	Y	N
+NF (AGE 21 OR OLDER)	Y	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	Y	N
+PHYSICIAN SERVICES	Y	N
+MED/SURG SERV OF A DENTIST	Y	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	Y	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	N	N
PSYCHOLOGISTS	Y	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	Y	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	YL	N
+MED SUPP/EQUIP/APPLIANCES	YL	N
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	YL	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	N	N
MENTAL HEALTH CLINIC	Y	N
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	YL	N
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	N	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	N	N
OCCUPATIONAL THERAPY	N	N
SPEECH DISORDERS	N	N
HEARING DISORDERS	N	N
LANGUAGE DISORDERS	N	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	N	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COLORADO

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	N	N
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	YL	N
IMD INPAT HOSP (65 OR OLDER)	Y	N
IMD NF (65 OR OLDER)	Y	N
ICF/MR	Y	N
INPAT PSYCH (UNDER 21)	Y	N
+NURSE MIDWIFE	Y	N
HOSPICE CARE	Y	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	N	N
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	YL	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	Y	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	Y	N
+CERT FAM NURSE PRACTITIONER	Y	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	Y	N
EMERGENCY HOSP SERVICES	Y	N
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

COLORADO NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	N	N
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	Y	Y	Y	Y	Y	NA	NA
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	NA
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	NA
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	NA
FEE SCHEDULE?	NA	N	N	Y	N	N	N	NA	NA
STATE DETERMINED?	NA	NA	NA	Y	NA	NA	NA	NA	NA
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	NA	Y	NA	NA	NA	NA	NA
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	NA	NA
PERCENT BILLED:%	NA	72.00	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	Y	Y	N	Y	Y	NA	NA
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	N	N	NA	NA
MEDICARE REASONABLE	NA	N	N	N	N	N	N	NA	NA
PERCENT BILLED	NA	72.00	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	NA
NEVADA	NA	N	N	N	N	N	N	NA	NA
OTHER RVS	NA	N	Y	N	N	Y	Y	NA	NA
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	NA	NA
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$2.29	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.58	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

COLORADO NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	NA	NA
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	NA	NA
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

COLORADO INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$3853.35*	$471.77*	$941.24*	$70.26	$144.98
RATE PERIOD-					
BEGINS (MMDDYYYY)	07011991*	07011991*	07011991*	07011991	07011991
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	Y	N	N
RETROSPECTIVE	N	N	N	Y	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	Y	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	Y	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	Y	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	Y	Y	Y	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	N	N	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N*	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	Y*	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	Y
OTHER CLASSIFICATION	N	Y	Y	Y	N

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

COLORADO INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	Y	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	1.00	1.00	1.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	Y	Y	Y	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	Y	Y	Y	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	Y	Y	Y	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	Y	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

COLORADO

EPSDT and Maternal and Infant Health Services

04/91 Colorado expanded EPSDT benefits to include interperiodic medical screening and partial medical screening. The following payment levels have been established:

Service Description	Max. Med. Benefit
Interperiodic screening - ages 0-11	$40.15
Interperiodic screening - ages 12-20	28.00
Partial screening - ages 0-20	23.80

Transportation Services

06/91 Colorado Medicaid established new transportation allowances when more than one Medicaid-eligible individual is being transported.

# of Riders (One Way)	Allowance Per Rider
2	$6.42
3	5.71
4	5.35
5	5.14
6	4.99
7	4.89
8	4.82
9	4.76
10 or more	4.71

Personal Care Services

01/91 Colorado added home and community-based services for persons with AIDS. The services provided include:

- case management;
- personal care and homemaker;
- adult day care;
- private duty nursing;
- hospice; and
- intensive supervision of foster care children with AIDS.

Prior authorization is required for the above mentioned services.

Case Management

01/91 See Personal Care Services 01/91 above.

Hospice Services

01/91 See Personal Care Services 01/91 above.

03/91 Colorado added hospice coverage.

03/91 Colorado no longer covers hospice services as part of the Home and Community-Based Service for Persons Living With AIDS Program (HCBS-PLWA). All HCBS-PLWA may receive hospice benefits through the Medicaid Hospice Benefit Program (MHB).

Long Term Care

01/91 See Personal Care Services 01/91 above.

Connecticut

Characteristics of the Medicaid State Plan as of March 1992

Connecticut is a 209(b) State and covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Income Maintenance 110 Bartholomew Avenue Hartford, CT 06106	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
MEDICAL CARE ADMINISTRATION, BUREAU OF HEALTH SERVICES	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CONNECTICUT

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES (4.35(D)).	N
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CONNECTICUT

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	Y
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CONNECTICUT

<< CHARGES ARE IMPOSED ON: >>

CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N

<< CHARGES ARE COLLECTED BY: >>

PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N

<< STATE OR LOCAL FUNDS ARE USED FOR: >>

LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N

<< OTHER POLICIES >>

NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CONNECTICUT

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$42
B. FOR COUPLES	$84
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$42
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$460
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CONNECTICUT

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	185
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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CONNECTICUT

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). N

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. Y

2. THE STATE USES A STANDARD OF $13,296. Y

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CONNECTICUT

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CONNECTICUT

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CONNECTICUT

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
CONNECTICUT
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	411.00	524.00	649.00	756.00	853.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	571.90	730.17	904.40	1053.36	1187.69	N
AGED, BLIND, AND DISABLED (209(B))	571.90	730.17	904.40	1053.36	1187.69	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3100.00	3200.00	3300.00	
AGED, BLIND, AND DISABLED (209(B))	1600.00	2400.00	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	1					

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FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CONNECTICUT	
AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N
DISABILITY LIMITED TO AGE 18 AND OLDER	Y
MORE RESTRICTIVE INCOME METHODS	N
MORE RESTRICTIVE RESOURCE METHODS	N
MORE RESTRICTIVE INCOME STANDARDS	N
URBAN/ALL	
1-PERSON	NA
2-PERSONS	NA
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	Y
URBAN/ALL	
1-PERSON	1600.00
2-PERSONS	2400.00
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CONNECTICUT

	CAT/MED
+INPATIENT HOSPITAL	YL
+OUTPATIENT HOSPITAL	YL
+RURAL HEALTH CLINICS	Y
+FEDERALLY QUAL HLTH CTRS	Y
+OTHER LAB AND X-RAYS	Y
+NF (AGE 21 OR OLDER)	Y
+EPSDT	Y
+FAM PLANNING & SUPPLIES	Y
+PHYSICIAN SERVICES	YL
+MED/SURG SERV OF A DENTIST	N
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL
OPTOMETRISTS	YL
CHIROPRACTORS	YL
PSYCHOLOGISTS	YL
MEDICAL SOCIAL WORKERS	N
NURSE ANESTHETISTS	N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL
+HOME HEALTH AIDE	YL
+MED SUPP/EQUIP/APPLIANCES	YL
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	YL
SPEECH PATHOLOGY/AUDIOLOGY	Y
PRIVATE DUTY NURSING	N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	N
MENTAL HEALTH CLINIC	YL
ALCOHOL & SUB ABUSE CLINIC	N
BIRTHING CENTER	N
AMBULATORY SURGICAL CENTER	N
END STAGE RENAL DISEASE	N
MR/DAY TREATMENT	N
DENTAL SERVICES	YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	N
SPEECH DISORDERS	YL
HEARING DISORDERS	YL
LANGUAGE DISORDERS	YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL
DENTURES	YL
PROSTHETIC DEVICES	YL
EYEGLASSES	YL

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

CONNECTICUT

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL YL
SCREENING SERVICES	YL YL
PREVENTIVE SERVICES	YL YL
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	Y Y
ICF/MR	Y Y
INPAT PSYCH (UNDER 21)	Y Y
+NURSE MIDWIFE	Y Y
HOSPICE CARE	N N
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	N N
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	Y Y
+CERT FAM NURSE PRACTITIONER	Y Y
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	Y Y
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	Y Y
NF SERVICES (UNDER 21)	Y Y
EMERGENCY HOSP SERVICES	N N
PERSONAL CARE SERVICES	N N
TRANSPLANT SERVICES	Y Y

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CONNECTICUT NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	N	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	NA	NA	Y
ENCOUNTER LENGTH	NA	N	Y	N	N	N	NA	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	NA	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	Y	N	N	NA	NA	Y
FEE SCHEDULE?	NA	Y	Y	Y	Y	Y	NA	NA	Y
STATE DETERMINED?	NA	N	Y	Y	Y	Y	NA	NA	Y
UPDATE YEAR	NA	NA	1991	NA	NA	NA	NA	NA	NA
MEDICARE	NA	Y	N	N	N	N	NA	NA	N
CHARGES-									
MEDICARE	NA	Y	N	N	N	N	NA	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	Y	N	N	N	NA	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	N	NA	NA	N
MEDICARE REASONABLE	NA	N	N	N	N	N	NA	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	NA	NA	N
NEVADA	NA	N	N	N	N	N	NA	NA	N
OTHER RVS	NA	N	N	N	N	N	NA	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	NA	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	8.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.10	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.10	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

CONNECTICUT NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	NA	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	NA	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

CONNECTICUT INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	NA	NA	NA
RATE PERIOD-					
BEGINS (MMDDYYYY)	NA	NA	NA	1001	1001
METHOD OF PAYMENT-					
PROSPECTIVE	N	N	N	N	N
RETROSPECTIVE	Y	Y	Y	Y	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	Y	Y	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	N	N
ANCIL PER DIEM	N	N	Y	N	N
OTHER ANCIL	Y	Y	N	Y	Y
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

CONNECTICUT INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	Y	Y	Y	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N	N	N	NA	NA
SECT 1923(C)(2)	N	N	N	NA	NA
SECT 1923(C)(3)	Y	Y	Y	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	N	N	Y	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	Y	N	N	N	N
OTHER PROGRAM TYPE	N	Y	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

CONNECTICUT

Inpatient Hospital Services

07/91 Connecticut instituted prior authorization requirements for certain inpatient surgical procedures.

Outpatient Hospital Services

07/91 Connecticut issued a new fee schedule for New Britain Memorial Hospital outpatient services.

Physician Services

07/91 Connecticut issued a new physician's fee schedule.

Prescribed Drugs

10/91 Connecticut dropped reimbursement for certain over-the-counter drugs.

Transportation Services

10/91 Connecticut will no longer cover any ambulance trip which does not result in the transport of an eligible Medicaid beneficiary, regardless of prior authorization.

ICFs/MR Services

10/91 Connecticut increased the number of annual home leave days for residents of ICFs/MR from 21 to 36.

Delaware

Characteristics of the Medicaid State Plan as of March 1992

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Health and Social Services 1901 North DuPont Highway New Castle, DE 19720	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
MEDICAL SERVICES UNIT	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DELAWARE

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DELAWARE

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	N
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	N
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	N
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DELAWARE

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DELAWARE

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$36*
B. FOR COUPLES	$72*
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	N*
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$36*
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$75
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DELAWARE

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	160
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	160
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	100

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DELAWARE

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 210

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. N

2. THE STATE USES A STANDARD OF $13,296. Y

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DELAWARE

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DELAWARE

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	18
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
DELAWARE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	201.00	270.00	338.00	407.00	475.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DELAWARE

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	Y
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DELAWARE

	CAT/MED 1	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	Y	N
+RURAL HEALTH CLINICS	Y	N
+FEDERALLY QUAL HLTH CTRS	YL	N
+OTHER LAB AND X-RAYS	Y	N
+NF (AGE 21 OR OLDER)	Y	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	Y	N
+PHYSICIAN SERVICES	Y	N
+MED/SURG SERV OF A DENTIST	Y	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	N	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	N	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	Y	N
+HOME HEALTH AIDE	Y	N
+MED SUPP/EQUIP/APPLIANCES	Y	N
PHYSICAL THERAPY	Y	N
OCCUPATIONAL THERAPY	Y	N
SPEECH PATHOLOGY/AUDIOLOGY	Y	N
PRIVATE DUTY NURSING	YL	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	Y	N
MENTAL HEALTH CLINIC	N	N
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	N	N
END STAGE RENAL DISEASE	Y	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	N	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	N	N
OCCUPATIONAL THERAPY	N	N
SPEECH DISORDERS	N	N
HEARING DISORDERS	N	N
LANGUAGE DISORDERS	N	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	N	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	N	N

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS

\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DELAWARE

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	YL	N
SCREENING SERVICES	N	N
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	YL	N
IMD INPAT HOSP (65 OR OLDER)	Y	N
IMD NF (65 OR OLDER)	N	N
ICF/MR	Y	N
INPAT PSYCH (UNDER 21)	N	N
+NURSE MIDWIFE	Y	N
HOSPICE CARE	YL	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	N	N
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	N	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	Y	N
+CERT FAM NURSE PRACTITIONER	Y	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	Y	N
EMERGENCY HOSP SERVICES	Y	N
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	Y	N

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

DELAWARE NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	Y	Y	Y	Y	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	Y	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	Y	N	N	N	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	Y	Y
FEE SCHEDULE?	NA	N	Y	Y	Y	Y	Y	Y	N
STATE DETERMINED?	NA	NA	Y	Y	Y	Y	Y	Y	NA
UPDATE YEAR	NA	NA	1991	1991	1991	NA	NA	1992	NA
MEDICARE	NA	NA	Y	Y	N	N	N	N	NA
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	Y	Y	Y	N	Y	Y	Y	Y
COSTS-									
STATE REASONABLE	NA	Y	N	N	Y	N	N	N	N
MEDICARE REASONABLE	NA	N	N	N	N	N	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	N	N
NEVADA	NA	N	N	N	N	N	N	N	N
OTHER RVS	NA	N	N	N	N	N	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	5.61	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	N	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.65	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$3.65	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

DELAWARE NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

DELAWARE INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	NA	NA	NA
RATE PERIOD-					
BEGINS(MMDDYYYY)	0701	1001 *	0701	1001	1001
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y*	N	Y	Y
RETROSPECTIVE	Y	N*	N	N	N
OTHER METHOD	Y	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N*	N	NA	NA
ALL INCLUSIVE PER DIEM	N	Y*	N	N	Y
PER DIEM PLUS ADDITIONS	N	N*	N	Y	N
PER DISCHARGE	N	N*	N	N	N
PER CASE	N	N*	N	N	N
PER ADMISSION	N	N*	N	N	N
CASE MIX PER DIEM	N	N*	N	Y	N
OTHER UNIT	Y	Y	N	Y	N
TREND INDEX-					
DRI NATIONAL	N	N*	N	N	N
DRI REGIONAL	N	N*	N	N	N
HCFA MARKET BASKET	Y	N*	N	Y	Y
CONSUMER PRICE INDEX	N	N*	N	Y	Y
OTHER TREND INDEX	N	Y*	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y*	N	Y	N
ANCIL PER DIEM	N	N*	N	N	N
OTHER ANCIL	N	N	N	Y	Y
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y*	N	N	N
RESERVED BED DAYS	N	Y*	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N*	N	Y	N
PEER GROUPING	N	N*	N	N	N
HIGH/LOW COST	N	N*	N	N	N
NUMBER OF BEDS	N	N*	N	N	Y
STATE OWNED	N	Y*	N	Y	Y
OTHER CLASSIFICATION	Y	N	N	N	N

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U = UNAVAILABLE

Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

DELAWARE INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	N*	N	NA	NA
INPT UTIL RATE THRSHLD	N	N*	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N*	N	NA	NA
OTHER DSH DEFINITION	N	Y*	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$0.00	$0.00	$0.00	NA	NA
MIN PAYMENT PCT%	0.00	70.00	0.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	Y	N	NA	NA
OTHER FUNDING SOURCE	Y	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

DELAWARE

Rehabilitative Services

04/91 Delaware added coverage of community health services under the rehabilitation option.

Eligibility

01/91 Delaware increased the long term care Medicaid income limit to 210% of SSI income level.

04/91 Delaware expanded coverage of pregnant women and infants from 133% of FPL to 160% of FPL.

Long Term Care

01/91 Delaware Medicaid added a home and community-based waiver program to serve individuals with AIDS and other HIV-related diseases.

District of Columbia

Characteristics of the Medicaid State Plan as of March 1992

The District of Columbia covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Human Services 801 North Capitol Street Room 700 Washington, DC 20002	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
OFFICE OF HEALTH CARE FINANCING	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

DIST OF COL

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1.	PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DIST OF COL

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	Y
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DIST OF COL

<< CHARGES ARE IMPOSED ON: >>

CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
SERVICES PROVIDED BY HMOS	N

<< CHARGES ARE COLLECTED BY: >>

PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N

<< STATE OR LOCAL FUNDS ARE USED FOR: >>

LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	Y
MEDICALLY NEEDY	N

<< OTHER POLICIES >>

NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DIST OF COL

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	N

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$60
B. FOR COUPLES	$120
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	N
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$0
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$425

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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	DIST OF COL
D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	100

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DIST OF COL

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). — N

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). — N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). — $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. — N

2. THE STATE USES A STANDARD OF $13,296. — Y

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: — U

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DIST OF COL	
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	U
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	N
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DIST OF COL

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	18
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DIST OF COL	
INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
DIST OF COL
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	450.00	560.00	712.00	870.00	1002.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	407.00	482.00	545.00	665.00	766.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2600.00	3000.00	3100.00	3200.00	3300.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	U					

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DIST OF COL

	CAT/MED	
+INPATIENT HOSPITAL	YL	YL
+OUTPATIENT HOSPITAL	YL	YL
+RURAL HEALTH CLINICS	N	N
+FEDERALLY QUAL HLTH CTRS	Y	Y
+OTHER LAB AND X-RAYS	YL	YL
+NF (AGE 21 OR OLDER)	Y	Y
+EPSDT	Y	Y
+FAM PLANNING & SUPPLIES	Y	Y
+PHYSICIAN SERVICES	YL	YL
+MED/SURG SERV OF A DENTIST	YL	YL
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	YL
OPTOMETRISTS	YL	YL
CHIROPRACTORS	N	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	N	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	YL
+HOME HEALTH AIDE	YL	YL
+MED SUPP/EQUIP/APPLIANCES	YL	YL
PHYSICAL THERAPY	YL	YL
OCCUPATIONAL THERAPY	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL	YL
PRIVATE DUTY NURSING	YL	YL
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	Y	Y
MENTAL HEALTH CLINIC	Y	Y
ALCOHOL & SUB ABUSE CLINIC	Y	Y
BIRTHING CENTER	Y	Y
AMBULATORY SURGICAL CENTER	N	N
END STAGE RENAL DISEASE	Y	Y
MR/DAY TREATMENT	Y	Y
DENTAL SERVICES	YL	YL
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	YL
OCCUPATIONAL THERAPY	YL	YL
SPEECH DISORDERS	YL	YL
HEARING DISORDERS	YL	YL
LANGUAGE DISORDERS	YL	YL
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	YL
DENTURES	YL	YL
PROSTHETIC DEVICES	YL	YL
EYEGLASSES	YL	YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

DIST OF COL

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL YL
SCREENING SERVICES	YL YL
PREVENTIVE SERVICES	YL YL
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	Y Y
ICF/MR	Y Y
INPAT PSYCH (UNDER 21)	Y* Y*
+NURSE MIDWIFE	Y Y
HOSPICE CARE	N N
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	N N
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	N N
+CERT FAM NURSE PRACTITIONER	N N
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	Y Y
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	Y Y
EMERGENCY HOSP SERVICES	YL YL
PERSONAL CARE SERVICES	Y Y
TRANSPLANT SERVICES	Y Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

DIST OF COL NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	N	NA	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	Y	NA	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	Y	N	N	Y	NA	N	Y	N
FEE SCHEDULE?	NA	N	Y	Y	N	NA	Y	N	Y
STATE DETERMINED?	NA	NA	Y	Y	NA	NA	Y	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	NA	NA	N	NA	N
CHARGES-									
MEDICARE	NA	Y	N	N	N	NA	N	Y	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	NA	N	N	N
COSTS-									
STATE REASONABLE	NA	N	N	Y	N	NA	Y	N	N
MEDICARE REASONABLE	NA	N	N	N	Y	NA	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	N	N
NEVADA	NA	N	N	N	N	NA	N	N	N
OTHER RVS	NA	N	N	N	N	NA	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	1.50	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	U	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.25	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.25	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

DIST OF COL NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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DIST OF COL INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP		PSYCH HOSP		OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-							
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA		NA		NA	$114.87	$205.57
RATE PERIOD-							
BEGINS (MMDDYYYY)	1228	*	1228	*	1001	1001	1001
METHOD OF PAYMENT-							
PROSPECTIVE	N*		N*		N	Y	Y
RETROSPECTIVE	Y*		Y*		Y	N	N
OTHER METHOD	Y*		N		N	N	N
UNIT OF PAYMENT-							
DIAGNOSIS RELATED GROUP	N*		N*		N	NA	NA
ALL INCLUSIVE PER DIEM	N*		N*		N	N	N
PER DIEM PLUS ADDITIONS	Y*		Y*		Y	Y	Y
PER DISCHARGE	Y*		N*		N	N	N
PER CASE	Y*		N*		N	N	N
PER ADMISSION	N*		N*		N	N	N
CASE MIX PER DIEM	N*		N*		N	N	N
OTHER UNIT	N		N		N	N	N
TREND INDEX-							
DRI NATIONAL	N*		N*		N	N	N
DRI REGIONAL	N*		N*		N	N	N
HCFA MARKET BASKET	N*		N*		N	Y	N
CONSUMER PRICE INDEX	N*		N*		N	N	Y
OTHER TREND INDEX	Y*		Y*		Y	N	N
ANCILLARY SERVICES-							
ANCIL INCLUDED	U*		U*		U	N	N
ANCIL PER DIEM	N*		N*		U	Y	Y
OTHER ANCIL	N		N		N	N	N
OTHER SERVICES-							
ADMIN NECESSARY DAYS	N*		N*		N	N	N
RESERVED BED DAYS	N*		N*		N	N	N
OTHER SERVICES	N		N		N	N	N
GROUP CLASSIFICATION-							
LOCATION	Y*		Y*		Y	Y	Y
PEER GROUPING	N*		N*		N	N	N
HIGH/LOW COST	N*		N*		N	N	N
NUMBER OF BEDS	Y*		Y*		N	Y	Y
STATE OWNED	Y*		Y*		N	N	N
OTHER CLASSIFICATION	N		N		N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

DIST OF COL INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N*	N*	N	NA	NA
INPT UTIL RATE THRSHLD	Y*	Y*	Y	NA	NA
LOW INC UTIL RT THRSHLD	Y*	Y*	Y	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N*	N*	N	NA	NA
SECT 1923(C) (2)	N*	N*	N	NA	NA
SECT 1923(C) (3)	N*	N*	N	NA	NA
SECT 1923(E)	N*	N*	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	1.00*	1.00*	1.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N*	N*	N	NA	NA
PROVIDER TAX	N*	N*	N	NA	NA
GENERAL TAX	N*	N*	N	NA	NA
GENERAL REVENUE FUND	N*	N*	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N*	N*	N	N	N
STATE TAX	N*	N*	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N*	N*	N	NA	NA
MEDICAID EXPANSION	N*	N*	N	N	N
OTHER MEDICAID	N*	N*	N	N	N
NON-MEDICAID	N*	N*	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Florida

Characteristics of the Medicaid State Plan as of March 1992

Florida covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Health and Rehabilitative Services 1317 Winewood Boulevard Building 2, Room 432 Tallahassee, FL 32399-0700	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: N/A	N
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: OFFICE OF DEPUTY ASSISTANT SECRETARY FOR MEDICAID	Y
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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FLORIDA

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

FLORIDA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

FLORIDA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

FLORIDA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	Y
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$35
B. FOR COUPLES	$70
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$167
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

FLORIDA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	150
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	90
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	90

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FLORIDA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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NA = NOT APPLICABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

FLORIDA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	18
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

FLORIDA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	18
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	18
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

FLORIDA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	21

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
FLORIDA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	180.00	241.00	303.00	364.00	426.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	180.00	241.00	303.00	364.00	426.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	5000.00	6000.00	6000.00	6500.00	7000.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	N					

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U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

FLORIDA

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

FLORIDA

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	Y Y
+FEDERALLY QUAL HLTH CTRS	Y Y
+OTHER LAB AND X-RAYS	Y Y
+NF (AGE 21 OR OLDER)	YL N
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	YL YL
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	YL* YL*
PSYCHOLOGISTS	N N
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	N N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	Y Y
SPEECH PATHOLOGY/AUDIOLOGY	Y Y
PRIVATE DUTY NURSING	YL YL
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	YL YL
MENTAL HEALTH CLINIC	N N
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	YL YL
AMBULATORY SURGICAL CENTER	YL YL
END STAGE RENAL DISEASE	N N
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	Y Y
SPEECH DISORDERS	Y Y
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	Y Y
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL* YL*
DENTURES	YL YL
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

FLORIDA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	YL* YL*
IMD INPAT HOSP (65 OR OLDER)	Y N
IMD NF (65 OR OLDER)	N N
ICF/MR	Y N
INPAT PSYCH (UNDER 21)	N N
+NURSE MIDWIFE	YL YL
HOSPICE CARE	YL YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	YL YL
TCM - CHRON MENTALLY ILL	YL YL
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	Y Y
RESPIRATORY CARE SERVICES	Y Y
+CERT PED NURSE PRACTITIONER	YL YL
+CERT FAM NURSE PRACTITIONER	YL YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	Y N
EMERGENCY HOSP SERVICES	YL YL
PERSONAL CARE SERVICES	Y Y
TRANSPLANT SERVICES	Y Y

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS

\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

HCFA STATE PROFILE DATA SYSTEM
FLORIDA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y*	Y	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	N
FEE SCHEDULE?	NA	Y	Y	Y	N	Y	Y	NA	Y
STATE DETERMINED?	NA	N	Y	N	NA	Y	Y	NA	Y
UPDATE YEAR	NA	NA	1991	NA	NA	1991	1991	NA	1991
MEDICARE	NA	Y	N	Y	NA	N	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	Y	Y	N	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	N	N	NA	N
COSTS-									
STATE REASONABLE	NA	Y	N	N	N	N	N	NA	N
MEDICARE REASONABLE	NA	Y	N	Y	Y	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	1990	NA	1991	1991	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	Y	N	N	N	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	7.00*	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	N	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.23*	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.23*	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

FLORIDA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N*	N	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA*	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA*	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA*	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA*	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA*	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA*	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA*	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N*	N	N	N	N	N	N	NA	N
DONATION	NA*	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA*	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA*	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA*	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA*	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA*	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA*	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

FLORIDA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP		PSYCH HOSP		OTHER HOSP		NURSE FCLTY		ICF MR
RATE INFORMATION-									
ESTIMATED AVERAGE NEW RATE AMOUNT $	$643.00	*	$643.06	*	$643.06	*	$72.62	*	$169.50
RATE PERIOD-									
BEGINS(MMDDYYYY)	0101	*	0101	*	0101	*	0701	*	0701
METHOD OF PAYMENT-									
PROSPECTIVE	Y		Y		Y		Y		Y
RETROSPECTIVE	N		N		N		N		N
OTHER METHOD	N		N		N		N		N
UNIT OF PAYMENT-									
DIAGNOSIS RELATED GROUP	N		N		N		NA		NA
ALL INCLUSIVE PER DIEM	Y		Y		Y		Y		Y
PER DIEM PLUS ADDITIONS	N		N		N		N		N
PER DISCHARGE	N		N		N		N		N
PER CASE	N		N		N		N		N
PER ADMISSION	N		N		N		N		N
CASE MIX PER DIEM	N		N		N		Y		Y
OTHER UNIT	N		N		N		N		N
TREND INDEX-									
DRI NATIONAL	N		N		N		N		N
DRI REGIONAL	N		N		N		N		N
HCFA MARKET BASKET	N		N		N		N		N
CONSUMER PRICE INDEX	N		N		N		N		N
OTHER TREND INDEX	Y		Y		Y		Y		Y
ANCILLARY SERVICES-									
ANCIL INCLUDED	N		N		N		N		N
ANCIL PER DIEM	N		N		N		N		N
OTHER ANCIL	N		N		N		N		N
OTHER SERVICES-									
ADMIN NECESSARY DAYS	N		N		N		N		N
RESERVED BED DAYS	N		N		N		N		N
OTHER SERVICES	N		N		N		N		N
GROUP CLASSIFICATION-									
LOCATION	Y		Y		N		Y		N
PEER GROUPING	Y		Y		Y		N		Y
HIGH/LOW COST	N		N		N		N		Y
NUMBER OF BEDS	N		N		N		Y		N
STATE OWNED	N		N		N		N		N
OTHER CLASSIFICATION	N		N		N		N		N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

FLORIDA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	Y	Y	NA	NA
LOW INC UTIL RT THRSHLD	Y	Y	Y	NA	NA
OTHER DSH DEFINITION	Y	Y	Y	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	Y	NA	NA
SECT 1923(C) (3)	Y	Y	Y	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	$0.00	$0.00	NA	NA
MIN PAYMENT PCT%	5.00	5.00	5.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	Y	Y	NA	NA
GENERAL TAX	N	Y	N	NA	NA
GENERAL REVENUE FUND	N	Y	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	Y	Y	Y	Y	Y
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	Y	NA	NA
MEDICAID EXPANSION	Y	Y	Y	Y	Y
OTHER MEDICAID	Y	Y	Y	Y	Y
NON-MEDICAID	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

FLORIDA

Dentist Services

03/91 Florida no longer requires prior authorization for certain dental procedures.

Physical Therapy Services

10/91 Florida now covers physical, occupational, speech, and respiratory therapies to children under age 21 who participate in the EPSDT program

Occupational Services

10/91 Florida now covers physical, occupational, speech, and respiratory therapies to children under age 21 who participate in the EPSDT program.

Speech, Hearing and Language Therapy Services

10/91 Florida now covers physical, occupational, speech, and respiratory therapies to children under age 21 who participate in the EPSDT program.

Family Planning Services

03/91 Florida now covers Norplant for Medicaid-eligible females. The fees are $50 for insertion, $50 for removal, and $374.50 for the system kit.

EPSDT and Maternal and Infant Health Services

10/91 Florida now covers physical, occupational, speech, and respiratory therapies to children under age 21 who participate in the EPSDT program.

Georgia

Characteristics of the Medicaid State Plan as of March 1992

Georgia covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y*
1. Department of Medical Assistance* 2 Martin Luther King, Jr., Drive, S.E. 1220-C West Tower Atlanta, GA 30334	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N*
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N*
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y*
B. THE TITLE XIX AGENCY	N*
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	N
N/A	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

GEORGIA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

GEORGIA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

GEORGIA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

GEORGIA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$422

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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GEORGIA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	100

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GEORGIA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	3001
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	100
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

GEORGIA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	18
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	18
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

GEORGIA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	18
IN PRIVATE INSTITUTIONS UNDER (AGE)	18
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	18
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	18
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

GEORGIA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	N
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	18
IN FOSTER HOMES UNDER (AGE)	18
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	18
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	18
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
GEORGIA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	155.00	235.00	280.00	330.00	378.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	208.00	317.00	375.00	442.00	508.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	4000.00	4100.00	4200.00	4300.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	3					
AND (MTH)	N					

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NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

GEORGIA

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
PARENTAL INCOME EXCLUDED	Y
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

GEORGIA

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	YL YL
+FEDERALLY QUAL HLTH CTRS	YL YL
+OTHER LAB AND X-RAYS	YL YL
+NF (AGE 21 OR OLDER)	YL YL
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	YL YL
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	N N
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	N N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	N N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	N N
MENTAL HEALTH CLINIC	YL YL
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	Y Y
AMBULATORY SURGICAL CENTER	YL YL
END STAGE RENAL DISEASE	Y Y
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	N N
OCCUPATIONAL THERAPY	N N
SPEECH DISORDERS	N N
HEARING DISORDERS	N N
LANGUAGE DISORDERS	N N
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL* YL*
DENTURES	YL YL
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

GEORGIA

	CAT/MED	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	YL	YL
SCREENING SERVICES	YL	YL
PREVENTIVE SERVICES	YL	YL
REHABILITATIVE SERVICES	YL	YL
IMD INPAT HOSP (65 OR OLDER)	N	N
IMD NF (65 OR OLDER)	N	N
ICF/MR	YL	YL
INPAT PSYCH (UNDER 21)	N	N
+NURSE MIDWIFE	YL	YL
HOSPICE CARE	YL	YL
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	YL	YL
TCM - CHRON MENTALLY ILL	YL	YL
TCM - PREGNANT WOMEN	YL	YL
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	YL	YL
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	N	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	YL	YL
+CERT FAM NURSE PRACTITIONER	YL	YL
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	YL
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	YL	YL
EMERGENCY HOSP SERVICES	N	N
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	Y	Y

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

GEORGIA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	N
FEE SCHEDULE?	NA	N	Y	Y	N	Y	Y	NA	Y
STATE DETERMINED?	NA	NA	Y	Y	NA	Y	Y	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	NA	N	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	Y	Y	Y	N	Y	N	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	N	N	NA	N
MEDICARE REASONABLE	NA	Y	N	N	Y	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	Y	N	N	N	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.11	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.41	NA	NA	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

GEORGIA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	Y	N	N	N	N	NA	N
DONATION	NA	NA	Y	NA	NA	NA	NA	NA	NA
TAX	NA	NA	N	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	N	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	N	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	N	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	N	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	N	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

GEORGIA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$3075.00*	NA	NA	$66.31*	$188.92*
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	NA	NA	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	N	Y	Y
RETROSPECTIVE	Y	N	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	N
PER DIEM PLUS ADDITIONS	N	N	N	Y	Y
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	Y	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	Y	N	N	Y	Y
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	N	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	Y
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	Y	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

GEORGIA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	N	N	NA	NA
LOW INC UTIL RT THRSHLD	Y	N	N	NA	NA
OTHER DSH DEFINITION	Y	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	N	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	1.00	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	Y	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	Y	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

GEORGIA

Inpatient Hospital Services

10/91 Georgia proposed changes in the State-wide methods and standards for setting payment rates for disproportionate share hospitals.

11/91 Georgia proposed adjusting inpatient payment rates by:

1) calculating reimbursable Medicaid capital costs using a minimum occupancy rate for bed-size categories as follows: 50 beds or less - 55 percent; 51 to 100 beds - 60 percent; 101 to 150 beds - 65 percent; and 150+ beds - 70 percent. Hospitals with an occupancy rate below the established minimums will have their reimbursable capital costs reduced proportionately based on the percentage difference between the actual occupancy rate and the minimum rate for the appropriate category. The actual occupancy rate will be determined from each hospital's fiscal year 1990 cost report on file with the Department. Rural hospitals with less than 100 beds will be excluded from the occupancy adjustment; and

2) limiting the allowability of professional dues for national, State, and local associations to 50 percent of reasonable costs.

Effective with date of payment on and after November 1, 1991:

1) reimburse for cost-based outpatient services at 94.2% of allowable operating costs plus 90% of allowable operating capital costs. The final determination of reimbursable cost will be made at the time outpatient settlements are made using audited cost reports; and

2) limit payment on outpatient Medicare crossover claims by:

   (a) multiplying the allowable deductible and coinsurance amount by the hospital-specific percent of charges rate on the date of payment;

   (b) compare the product from (a) to the hospital's inpatient per case rate on the date of payment; and

   (c) reimburse the lower of the two amounts in (b).

07/91 Georgia revised the disproportionate share hospital criteria to:

1) Include a hospital which is a Medicare rural referral center and which has 10% or more Medicaid patient days and 30% or more Medicaid deliveries;

2) Subject to the availability of funds, make a monthly DSH adjustments to those providers who offer the following: AIDS clinics, poison control centers, genetics/sickle cell screenings, and maternal and infant health services.

01/91 Georgia increased reimbursement per-diem rates for swing-bed providers to $72.72.

Outpatient Hospital Services

04/91 Georgia now provides payments to hospitals which offer birthing and parenting classes to Medicaid eligible pregnant women. Also, a total of two postpartum visits in the home within 21 days following the mother's discharge is now reimbursable at a maximum of $60.00 per visit.

02/91 Georgia set the maximum allowable payment for any outpatient hospital service claim at the hospital's Medicaid-specific inpatient per case rate.

Physician Services

11/91 Georgia proposed reducing by no more than 30% the reimbursement rate for the following surgeries: excision of ganglion (wrist), cholecystectomy, hernia repair, cystourthoscopy, circumcisions, hysterectomy, cataract, corrective surgery for strabismus, and arthoscopy (knee).

03/91 Georgia established an incentive payment of $100.00 to physicians who initiate prenatal care to Medicaid-eligible beneficiaries in the first trimester of pregnancy.

Optometrist Services

11/91 Georgia proposed eliminating coverage of eyeglasses, refractions, dispensing fees, and other refractive services or items for beneficiaries 21 years of age or older.

Dentist Services

11/91 Georgia proposed limiting coverage of dental services to emergency exams, extractions, x-rays, and repair of fractured jaws for beneficiaries 21 years of age and older.

Podiatrist Services

11/91 Georgia proposed eliminating coverage for podiatric non-essential services. Elective procedures will become non-covered for beneficiaries 21 years of age and over.

Audiologist Services

11/91 Georgia proposed eliminating coverage of hearing aids for beneficiaries 21 years of age and older.

Lab and X-Ray Services

03/91 Georgia proposed to adjust reimbursement rates to equal Medicare payment rates for procedures and radiology services identified in OBRA 89 as over-priced.

Prescribed Drugs

11/91 Georgia proposed to decrease spending on pharmacy costs by implementing the following:

1) Reducing from 6 to 5 the number of prescriptions allowed per month for beneficiaries 21 years of age and over.
2) Discontinuing coverage of certain generic and related brand name tranquilizers and sedatives for beneficiaries 21 years of age and over.
3) Discontinuing coverage of selected drug products which are now available without a prescription.
4) Discontinuing coverage of prescription cough and cold medications for beneficiaries 21 years of age and older.

EPSDT and Maternal and Infant Health Services

07/91 Georgia now reimburses qualified providers for diagnostic screening and preventive and rehabilitative services in accord with Medical Assistance policies. At a minimum, the services shall include ante-and postpartum care, immunizations, screening and treatment of sexually transmitted diseases, and hypertension and tuberculosis screening and treatment. Qualified providers must be enrolled in the EPSDT and family planning programs.

Transportation Services

11/91 Georgia proposed limiting the total amount paid on an emergency ambulance claim for a beneficiary with both Medicare and Medicaid coverage to the maximum allowable rate under Medicaid only.

01/91 Georgia increased rates for the following transportation services:

- minibus services to a base rate of $2.95 per one-way trip;
- wheelchair van services to a base rate of $3.85 per one-way trip and $7.70 per round trip;
- automobile mileage rates to $0.25/mile for first beneficiary, $0.12/mile for second beneficiary, and $0.06/mile for three or more beneficiaries.

Durable Medical Equipment and Supplies

11/91 Georgia proposed discontinuing coverage of the following items for beneficiaries 21 years of age and older: surgical stockings, heating pads, TENS units, battery-operated speech aids, and bath and toilet aids. They also proposed discontinuing separate reimbursement rates for lancet devices, glucometers, oxygen concentrators, hospital beds, and 3-wheel scooters.

Nursing Facility Services

04/91 Georgia increased the per diem reimbursement rate for non-State nursing homes by $1.24.

07/91 Georgia proposed adjusting reimbursement rates to nursing homes as follows:

- All level III nursing facilities will receive a per diem rate add-on of $1.45;
- All nursing facilities with more than 120 beds will receive a per diem rate add-on of $1.11; and
- All nursing facilities not included above will receive a per diem rate add-on of $.95.

Per diem rates will be further adjusted by $.50 to reimburse the cost of replacement wages and overtime for nurse aide training and testing. This adjustment does not apply to ICF/MR facilities.

11/91 Georgia proposed to adjust per diem payment rates in nursing homes by:

1) eliminating the return on equity costs;
2) reducing the cost cap for facilities with unusable cost reports to 90% of the non-property standards;
3) limiting the allowability of professional dues to 50% of reasonable cost; and
4) reducing the salary ceiling for home office staff from the 90th percentile to the 70th of arrayed base priced cost.

02/91 Georgia set the maximum allowable payment for any nursing home coinsurance (crossover) claims at the nursing homes Medicaid-specific per diem rate.

Home Health Services

05/91 Georgia proposed to reimburse home health service providers $60 each for 2 postpartum home visits, to be made within 21 days from the mother's discharge from the hospital or birthing center.

10/91 Georgia proposed to decrease spending in home health services by implementing the following:

1) Reimbursement rates will be established using FY 89 cost reports plus an inflation factor of 5.4% for 90 and 5.6% for 91.
2) Reducing the percentile ceiling from 85th percentile to the 75th;
3) Reducing allowable professional dues from 90% of reasonable cost to 50%.
4) Reducing the home health visit limit from 100 per beneficiary per calendar year to 75.

04/91 Georgia now provides payments to hospitals which offer birthing and parenting classes to Medicaid eligible pregnant women. Also, a total of two postpartum visits in the home within 21 days following the mother's discharge is now reimbursable at a maximum of $60.00 per visit.

Case Management

05/91 Georgia added early intervention targeted case management as a covered service for children from birth to 3 years of age. The children must meet the State definition of developmental delay and must qualify for early intervention services through a multi-disciplinary assessment. Eligible participating providers will be reimbursed at a start-up rate not to exceed $145/month for the first 6 months of billing and not to exceed $135/month afterwards.

03/91 Georgia expanded the perinatal case management program to all counties in the State. It previously was available only in nine counties.

Hawaii

Characteristics of the Medicaid State Plan as of March 1992

Hawaii is a 209(b) State and covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Human Services P.O. Box 339 Honolulu, HI 96809-0339	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
HEALTH CARE ADMINISTRATION DIVISION	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

HAWAII

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

HAWAII

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	Y
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

HAWAII

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

HAWAII

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	N

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	N
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	MN
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	N
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	Y
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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HAWAII

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	185
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	100

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HAWAII

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	N
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	100
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

HAWAII

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N*
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y*
BLIND	Y*
DISABLED	Y*
CHILDREN UNDER (AGE)	U*
CARETAKER RELATIVES	Y*
PREGNANT WOMEN	Y*

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

HAWAII

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	19
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	19
IN ICFS/MR UNDER (AGE)	19
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	19
OTHER GROUPS UNDER (AGE)	19
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

HAWAII

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	19
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	19
IN FOSTER HOMES UNDER (AGE)	19
IN PRIVATE INSTITUTIONS UNDER (AGE)	19
UNDER PRIVATE AGENCY UNDER (AGE)	19
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	19
IN NFS UNDER (AGE)	19
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	19
OTHER GROUPS UNDER (AGE)	19

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U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
HAWAII
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	357.00	480.00	602.00	725.00	846.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	396.00*	531.00*	666.00*	802.00*	937.00*	N
AGED, BLIND, AND DISABLED (209(B))	396.00*	531.00*	666.00*	802.00*	937.00*	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3250.00	3500.00	3750.00	
AGED, BLIND, AND DISABLED (209(B))	2000.00	3000.00	3250.00	3500.00	3750.00	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	N					

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U = UNAVAILABLE
NA = NOT APPLICABLE

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

HAWAII

AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N
DISABILITY LIMITED TO AGE 18 AND OLDER	N
MORE RESTRICTIVE INCOME METHODS	4
MORE RESTRICTIVE RESOURCE METHODS	6
MORE RESTRICTIVE INCOME STANDARDS	Y
URBAN/ALL	
1-PERSON	396.00*
2-PERSONS	531.00*
3-PERSONS	666.00*
4-PERSONS	802.00*
5-PERSONS	937.00*
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	Y
URBAN/ALL	
1-PERSON	2000.00
2-PERSONS	3000.00
3-PERSONS	3250.00
4-PERSONS	3500.00
5-PERSONS	3750.00
RURAL VARIANCES EXIST	N

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U = UNAVAILABLE
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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

HAWAII

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

HAWAII

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	N N
+FEDERALLY QUAL HLTH CTRS	Y Y
+OTHER LAB AND X-RAYS	Y Y
+NF (AGE 21 OR OLDER)	YL YL
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	N N
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	N N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	N N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y Y
MENTAL HEALTH CLINIC	YL YL
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	N N
END STAGE RENAL DISEASE	N N
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH DISORDERS	YL YL
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	YL YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	YL YL
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS

\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

HAWAII

	CAT/MED	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	YL	YL
SCREENING SERVICES	Y	Y
PREVENTIVE SERVICES	Y	Y
REHABILITATIVE SERVICES	YL	YL
IMD INPAT HOSP (65 OR OLDER)	N	N
IMD NF (65 OR OLDER)	N	N
ICF/MR	YL	YL
INPAT PSYCH (UNDER 21)	YL	YL
+NURSE MIDWIFE	YL	YL
HOSPICE CARE	YL	YL
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	YL	YL
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	YL	YL
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	Y	Y
RESPIRATORY CARE SERVICES	YL	YL
+CERT PED NURSE PRACTITIONER	Y	Y
+CERT FAM NURSE PRACTITIONER	Y	Y
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	YL
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	YL	YL
EMERGENCY HOSP SERVICES	Y	Y
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	Y	Y

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

HAWAII NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	N	N	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	Y	N	N	N	N	N	NA	N
FEE SCHEDULE?	NA	N	N	N	N	Y	Y	NA	N
STATE DETERMINED?	NA	NA	NA	NA	NA	N	N	NA	NA
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	NA	NA	NA	N	N	NA	NA
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	Y	Y	N	N	N	NA	Y
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	N	N	NA	N
MEDICARE REASONABLE	NA	N	N	N	N	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

HAWAII NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

HAWAII INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$579.00	NA	NA	$85.88	NA
RATE PERIOD-					
BEGINS(MMDDYYYY)	0701	NA	NA	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	N	Y	Y
RETROSPECTIVE	N	N	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	Y	N
PER DISCHARGE	Y	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	Y	N	N	Y	Y
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	N	N	Y	Y
ANCIL PER DIEM	N	N	N	Y	Y
OTHER ANCIL	N	N	N	Y	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	Y	N	N	Y	Y
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

HAWAII INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	N	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	N	N	NA	NA
SECT 1923(C) (3)	Y	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$0.00	NA	NA	NA	NA
MIN PAYMENT PCT%	1.00	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	Y	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	N	N	NA	NA
MEDICAID EXPANSION	U	N	N	N	N
OTHER MEDICAID	U	N	N	N	N
NON-MEDICAID	U	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

HAWAII

Outpatient Hospital Services

03/91 Hawaii established guidelines for comprehensive non-acute rehabilitative services for children from birth to 6 years of age. These guidelines include a requirement that functional levels be clearly stated in the plan of care based on one of two suggested grading schemes.

Evaluations will be reimbursed at a flat rate of $15.00 per 15 minutes up to one and one-half hours per evaluation. Evaluations at this rate will be reimbursed no more than once every 6 months for each therapeutic service.

Physician Services

11/91 Hawaii's legislature authorized Medicaid to conduct a 3-year demonstration project to encourage provider participation in the care of pregnant Medicaid beneficiaries and to improve access to early comprehensive obstetrical care for pregnant women. All Medicaid certified physicians and nurse midwives may participate in this project if they provide the following services:
- Prenatal care;
- Delivery (vaginal or cesarean section);
- Postpartum care.

Reimbursement for obstetrical services in this demonstration project will be increased to prevailing community levels if comprehensive obstetrical care is provided.

07/91 Hawaii increased fees for all physicians, dentists, psychologists, optometrists, and podiatrists. The new rates reflect an increase from 56% to 60% of the community customary charge used to calculate the Medicaid allowance and are based on submitted charge data for services rendered in calendar year 1990 and paid through March 31, 1991. Therefore, the Medicaid reimbursements for established providers will be the lower of:
- the charge on the claim; or
- 60% of the Medicaid community customary charge (up to the 75th percentile) for a specialty. For new providers, the percentile is either 50%, or the Medicare cap for the service, if any.

Optometrist Services

07/91 See paragraph two, Physician Services 07/91 above.

Dentist Services

07/91 See paragraph two, Physician Services 07/91 above.

Podiatrist Services

07/91 See paragraph two, Physician Services 07/91 above.

Physical Therapy Services

08/91 Hawaii revised the prior authorization requirement for occupational, physical therapy, and speech therapy provided by a home health agency. Previously physical therapy and occupational therapy did not require prior authorization for the first month. The policy has been revised requiring prior authorization any time occupational, physical therapy, and speech therapy services are provided by a home health agency or under HCBW, except for the purpose of an initial physical therapy or occupational therapy evaluation.

11/91 See Outpatient Hospital Services 03/91 above.

Occupational Therapy Services

08/91 See first paragraph Physical Therapy Services 08/91 above.

10/91 See Outpatient Hospital Services 03/91 above.

Psychologist Services

07/91 See paragraph two Physician Services 07/91 above.

EPSDT and Maternal and Infant Health Services

10/91 See Outpatient Hospital Services 03/91 above.

Other Diagnostic, Screening and Preventive Services

02/91 Hawaii added mammography as a covered service.

02/91 Hawaii added coverage of occult breast cancer screening by low-dose mammography. Mammograms will be available on the following schedule:

Age 35-39	one baseline mammogram;
Age 40-49	one mammogram every 2 years;
Age 50 and over	one mammogram each year;

or for a woman of any age with a family history of breast cancer upon recommendation of the woman's physician.

Idaho

Characteristics of the Medicaid State Plan as of March 1992

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Health and Welfare 450 West State Street 450 West State Street Boise, ID 83720-5450	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
BUREAU OF MEDICAID POLICY AND REIMBURSEMENT	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

IDAHO

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IDAHO

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	Y

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IDAHO

<< CHARGES ARE IMPOSED ON: >>

CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N

<< CHARGES ARE COLLECTED BY: >>

PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N

<< STATE OR LOCAL FUNDS ARE USED FOR: >>

LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N

<< OTHER POLICIES >>

NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IDAHO

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$30
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	Y
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$212

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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NA = NOT APPLICABLE

IDAHO

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12

E. STANDARDS AND METHODS

1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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IDAHO

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	1266
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$13300

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IDAHO

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IDAHO

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	18
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	U
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
IDAHO
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	208.00	254.00	315.00	357.00	399.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IDAHO

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	Y
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

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U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

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	CAT/MED 1	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	YL	N
+FEDERALLY QUAL HLTH CTRS	YL	N
+OTHER LAB AND X-RAYS	YL	N
+NF (AGE 21 OR OLDER)	YL	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	YL	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	YL	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	YL	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	N	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	YL	N
+MED SUPP/EQUIP/APPLIANCES	YL	N
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	N	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	Y	N
MENTAL HEALTH CLINIC	YL	N
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	YL	N
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	N	N
SPEECH DISORDERS	YL	N
HEARING DISORDERS	Y	N
LANGUAGE DISORDERS	Y	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	YL	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS

\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IDAHO

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	N	N
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	YL	N
IMD INPAT HOSP (65 OR OLDER)	N	N
IMD NF (65 OR OLDER)	Y	N
ICF/MR	Y	N
INPAT PSYCH (UNDER 21)	N	N
+NURSE MIDWIFE	YL	N
HOSPICE CARE	YL	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	YL	N
TCM - PREGNANT WOMEN	YL	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	Y	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	YL	N
+CERT FAM NURSE PRACTITIONER	YL	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	YL	N
EMERGENCY HOSP SERVICES	YL	N
PERSONAL CARE SERVICES	YL	N
TRANSPLANT SERVICES	Y	N

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

IDAHO NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	NA	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	Y	N
FEE SCHEDULE?	NA	Y	Y	Y	N	NA	Y	N	Y
STATE DETERMINED?	NA	Y	Y	N	NA	NA	Y	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	N	N	Y	NA	NA	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	NA	N	N	N
COSTS-									
STATE REASONABLE	NA	N	Y	N	N	NA	N	N	Y
MEDICARE REASONABLE	NA	Y	N	Y	Y	NA	N	N	N
PERCENT BILLED	NA	NA	NA	NA	100.00	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	N	N
NEVADA	NA	N	N	N	N	NA	N	N	N
OTHER RVS	NA	N	N	N	N	NA	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

IDAHO NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

IDAHO INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	NA	$61.09	$190.76
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	0701	0701	0701	04011991
METHOD OF PAYMENT-					
PROSPECTIVE	N	N	N	N	N
RETROSPECTIVE	Y	Y	Y	Y	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	Y	Y	Y	N	N
PER DIEM PLUS ADDITIONS	N	N	N	Y	Y
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	Y	Y	Y	Y	Y
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	N	N	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	Y	Y	Y	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y	Y	N	N
RESERVED BED DAYS	N	N	N	N	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	Y	Y
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

IDAHO INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N	N	N	NA	NA
SECT 1923(C)(2)	Y	Y	Y	NA	NA
SECT 1923(C)(3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	15.00	15.00	15.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
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Section Six: NGA 1991 Changes in the Medicaid Program

IDAHO

Clinic Services

04/91 Idaho now covers case management through clinics for brain-damaged individuals. Through diagnostic screening, the clinic will assess the patients' needs and assure patients and physicians easy access to medical files and care.

10/91 Idaho now reimburses mental health clinics directly for psychotherapy services provided to nursing home clients. Clients need to be screened through the PASARR level 2 process.

Optometrist Services

10/91 Idaho expanded the Medicaid program to include soft organ transplants, adult dental services, adult vision services, adult hearing services, and prosthetic services.

Dentist Services

10/91 Idaho expanded the Medicaid program to include soft organ transplants, adult dental services, adult vision services, adult hearing services, and prosthetic services.

Occupational Therapy Services

04/91 Idaho now covers occupational therapy by a home health service as a separate category.

Audiologist Services

10/91 Idaho expanded the Medicaid program to include soft organ transplants, adult dental services, adult vision services, adult hearing services, and prosthetic services.

Psychologist Services

11/91 Idaho now reimburses mental health clinics directly for psychotherapy services provided to nursing home clients. Clients need to be screened through the PASARR level 2 process.

Prescribed Drugs

04/91 Idaho added coverage of insulin with syringes and needles, and oral iron salts.

10/91 Idaho now covers Clozapine care coordination to monitor the drug.

Family Planning Services

04/91 Idaho now covers certain contraceptive devices for family planning.

Prosthetic Devices and Supplies

10/91 Idaho expanded the Medicaid program to include soft organ transplants, adult dental services, adult vision services, adult hearing services, and prosthetic services.

Durable Medical Equipment and Supplies

02/91 Idaho changed the reimbursement methodology for medical equipment and supplies to a fee schedule, which replaces median charges for individual provider services.

Nursing Facility Services

11/91 Idaho now reimburses mental health clinics directly for psychotherapy services provided to nursing home clients. Clients need to be screened through the PASARR level 2 process.

11/91 Idaho increased nursing home consultant fees.

Home Health Services

04/91 Idaho now covers occupational therapy by a home health service as a separate category.

11/91 Idaho added hospital care to the levels of care which a disabled child can meet to qualify for Medicaid under home care for certain disabled children. A child requiring a level of care provided in a hospital must, among other eligibility requirements, be safely cared for at home at less cost to Medicaid than hospitalization.

Personal Care Services

01/91 Idaho added personal care services as a covered service.

Case Management

04/91 Idaho now covers case management through clinics for brain-damaged individuals. Through diagnostic screening, the clinic will assess the patients' needs and assure patients and physicians easy access to medical files and care.

Eligibility

01/91 Idaho now requires clients applying for Medicaid under the home and community-based services income limit to receive personal care services under waiver as a condition of Medicaid eligibility.

01/91 Idaho now requires individuals entitled to enroll in a cost-effective group insurance program to do so, as a condition of receiving Medicaid.

01/91 Idaho increased the resource standards for computing the Community Spouse Resource Allowance under the Federal Spousal Impoverishment Program. Nursing home care benefits increased to 300% of the 1991 SSI Federal benefits rate for an individual. Home and Community-Based services benefits income limit increased by the percentage of the 1991 Social Security cost-of-living adjustment.

11/91 Idaho added hospital care to the levels of care which a disabled child can meet to qualify for Medicaid under home care for certain disabled children. A child requiring a level of care provided in a hospital must, among other eligibility requirements, be safely cared for at home at less cost to Medicaid than hospitalization.

12/91 Idaho revised and clarified its AFDC manual, to:
- allow applicants 10 days from the face-to-face interview to provide all the requested verification;
- clarify that the Department must examine each applicant's Medicaid eligibility under all potential coverage groups; and
- provide that a newborn child be added to the AFDC lists on the date of birth.

Illinois

Characteristics of the Medicaid State Plan as of March 1992

Illinois is a 209(b) State and covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Public Aid Jessee B. Harris Building II, 3rd Floor 100 S. Grand Avenue, East Springfield, IL 62762	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: N/A	N
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: MEDICAL ASSISTANCE PROGRAM ADMINISTRATION	Y
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ILLINOIS

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ILLINOIS

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ILLINOIS

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	18
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	18
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ILLINOIS

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$0
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	N
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$0
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	Y
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ILLINOIS

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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ILLINOIS

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	N
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	95
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$66479

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ILLINOIS

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	N
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ILLINOIS

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ILLINOIS

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	N
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	21

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
ILLINOIS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	212.00	268.00	367.00	414.00	485.00	Y
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	283.00	358.00	492.00	558.00	650.00	N
AGED, BLIND, AND DISABLED (209(B))	283.00	358.00	492.00	558.00	650.00	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3050.00	3100.00	3150.00	
AGED, BLIND, AND DISABLED (209(B))	2000.00	3000.00	3050.00	3100.00	3150.00	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ILLINOIS

AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N
DISABILITY LIMITED TO AGE 18 AND OLDER	N
MORE RESTRICTIVE INCOME METHODS	6
MORE RESTRICTIVE RESOURCE METHODS	1
MORE RESTRICTIVE INCOME STANDARDS	Y
URBAN/ALL	
1-PERSON	283.00
2-PERSONS	385.00
3-PERSONS	492.00
4-PERSONS	558.00
5-PERSONS	650.00
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	Y
URBAN/ALL	
1-PERSON	2000.00
2-PERSONS	3000.00
3-PERSONS	3050.00
4-PERSONS	3100.00
5-PERSONS	3150.00
RURAL VARIANCES EXIST	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ILLINOIS

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	YL YL
+FEDERALLY QUAL HLTH CTRS	Y Y
+OTHER LAB AND X-RAYS	YL YL
+NF (AGE 21 OR OLDER)	YL YL
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	Y Y
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	YL YL
PSYCHOLOGISTS	N N
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	Y Y
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	YL YL
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	N N
MENTAL HEALTH CLINIC	YL YL
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	N N
END STAGE RENAL DISEASE	N N
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH DISORDERS	YL YL
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	YL YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	YL YL
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

ILLINOIS

	CAT/MED	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	Y	Y
SCREENING SERVICES	YL	YL
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	YL	YL
IMD INPAT HOSP (65 OR OLDER)	Y	Y
IMD NF (65 OR OLDER)	YL	YL
ICF/MR	YL	YL
INPAT PSYCH (UNDER 21)	YL	YL
+NURSE MIDWIFE	YL	YL
HOSPICE CARE	YL	YL
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	Y	Y
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	YL	YL
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	N	N
+CERT FAM NURSE PRACTITIONER	N	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	YL
CHRISTIAN SCI NURSES	Y	Y
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	YL	YL
EMERGENCY HOSP SERVICES	YL	YL
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	Y	Y

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

ILLINOIS NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	NA	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	NA	N
FEE SCHEDULE?	NA	Y	Y	Y	N	NA	Y	NA	Y
STATE DETERMINED?	NA	Y	Y	N	NA	NA	Y	NA	Y
UPDATE YEAR	NA	NA	1991	NA	NA	NA	1991	NA	1991
MEDICARE	NA	N	N	Y	NA	NA	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	Y	N	Y	Y	NA	N	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	NA	N	NA	N
MEDICARE REASONABLE	NA	N	N	N	N	NA	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	NA	N
NEVADA	NA	N	N	N	N	NA	N	NA	N
OTHER RVS	NA	N	N	N	N	NA	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	NA	Y
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.65	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$15.00	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

ILLINOIS NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

ILLINOIS INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$690.80	$690.80	$690.80	$64.03	$82.77
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	0701	0701	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	Y	Y	Y
RETROSPECTIVE	N	N	Y	Y	Y
OTHER METHOD	Y	N	Y	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	N
PER DIEM PLUS ADDITIONS	Y	Y	Y	Y	Y
PER DISCHARGE	Y	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	Y	Y
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	Y	Y	Y	Y	Y
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	Y	Y
OTHER TREND INDEX	N	N	N	Y	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	N	N
ANCIL PER DIEM	N	N	N	Y	Y
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	Y	Y
PEER GROUPING	Y	Y	Y	Y	Y
HIGH/LOW COST	N	N	N	Y	Y
NUMBER OF BEDS	N	N	N	N	Y
STATE OWNED	N	N	N	Y	Y
OTHER CLASSIFICATION	N	N	N	N	N

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U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

ILLINOIS INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	Y	Y	NA	NA
LOW INC UTIL RT THRSHLD	Y	Y	Y	NA	NA
OTHER DSH DEFINITION	Y	Y	Y	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	Y	Y	Y	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$5.00	$5.00	$5.00	NA	NA
MIN PAYMENT PCT%	7.34	7.34	7.34	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	Y	Y	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	Y	Y	Y	Y	Y
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	Y	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	Y	Y	Y	Y	Y
NON-MEDICAID	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section Six: NGA 1991 Changes in the Medicaid Program

ILLINOIS

General

10/91 Illinois provides financial and medical assistance to individuals while an application for Supplemental Security Income (SSI) is pending if the Department determines that the individual will more likely than not be eligible for SSI.

11/91 Illinois no longer provides coverage for heart, liver, and bone marrow transplants.

11/91 Illinois limited payment for pre-operative days to the day immediately preceding surgery unless the attending physician has documented the medical necessity of an additional day or days.

Inpatient Hospital Services

11/91 Illinois reimburses hospital impatient services in accordance with the diagnosis related group prospective payment system (DRG PPS).

11/91 Illinois excluded the hospitals listed below from its DRG prospective payment system:

- Psychiatric hospitals
- Rehabilitation hospitals
- Children's hospitals
- Long-term care hospitals
- Out-of-State hospitals
- Sole community hospitals
- Public hospitals

11/91 Illinois excluded transplant services from its DRG prospective payment system.

11/91 Illinois now pays hospitals not reimbursed by the DRG prospective payment system on a per diem basis. The per diem rate includes operating capital, direct medical education, and CRNA costs.

11/91 Illinois increased the per diem rate for hospitals to the national total hospital market basket price proxies (DRG). The per diem rate is re-based every third year.

11/91 Illinois reimburses children's hospitals for inpatient services by calculating the median trended rate for each hospital and comparing that to the median trended rate of all children's hospitals combined. Each children's

hospital is reimbursed an amount equal to its trended median rate plus or minus half the difference between its own trended rate and the trended median rate for all children's hospitals combined.

11/91 Illinois will make adjustments to payments made to disproportionate share hospitals that are exempt from the DRG prospective payment system.

11/91 Illinois now assesses copayments on inpatient hospital services in the following amounts:

1) For inpatient hospital services in hospitals with an alternate cost per diem rate of $325 or more the co-payment rate is $3 per day.

2) For inpatient hospital services in hospitals with an alternate cost per diem rate of more than $275 but less than $325, the copayment rate is $2 per day.

3) Inpatient hospital services in hospitals with an alternate cost per diem rate of $275 or less have no copayment.

11/91 Illinois may require hospitals to submit claims to the Department of Public Health for prepayment review and approval prior to rendering payment for services provided.

Psychologist Services

11/91 Illinois excluded inpatient psychiatric and physical rehabilitation services from its DRG prospective payment system.

Rehabilitative Services

11/91 Illinois excluded inpatient psychiatric and physical rehabilitation services from its DRG prospective payment system.

Transportation Services

10/91 Illinois now pays for transportation that is medically necessary for long-term care services. The reimbursement is of the type paid by Public Aid in addition to the routine rate.

Nursing Facility Services

10/91 Illinois bases the approved payment amount for long-term care services on the type and amount of services actually being furnished to a resident, and is determined in accordance with the departments rate schedule.

Costs not related to patient care, as well as costs in excess of those required for the efficient and economical delivery of care, will not be reimbursed.

10/91 Illinois may enter into contracts with nursing facilities providers that offer exceptional medical services, defined as services required by persons who need a multi-disciplinary level of care for physician, nurse, and ancillary specialist services with exceptional costs related to extraordinary equipment and/or supplies that have been determined to be medically necessary.

Exceptional medical care may include but is not limited to persons with Acquired Immune Deficiency Syndrome (AIDS) or related conditions, head injured persons, and ventilator dependent persons.

10/91 Illinois now reimburses for long-term care services on a per diem basis. In determining the number of days for which payment can be made, the day of admission to the facility is counted. The day of discharge from the facility is not counted, unless it is the day of death.

10/91 Illinois now pays for transportation that is medically necessary for long-term care services. The reimbursement is of the type paid by Public Aid in addition to the routine rate.

10/91 Illinois does not pay for long-term care ancillary services that are not explicitly mandated by licensing requirements.

10/91 Illinois repealed its determination of a cap on payments for long-term care.

ICFs/MR Services

10/91 Illinois bases the approved payment amount for long-term care services on the type and amount of services actually being furnished to a resident, and is determined in accordance with the departments rate schedule.

Costs not related to patient care, as well as costs in excess of those required for the efficient and economical delivery of care, will not be reimbursed.

10/91 Illinois now reimburses for long-term care services on a per diem basis. In determining the number of days for which payment can be made, the day of admission to the facility is counted. The day of discharge from the facility is not counted, unless it is the day of death.

10/91 Illinois now pays for transportation that is medically necessary for long-term care services. The reimbursement is of the type paid by Public Aid in addition to the routine rate.

10/91 Illinois does not pay for long-term care ancillary services that are not explicitly mandated by licensing requirements.

Indiana

Characteristics of the Medicaid State Plan as of March 1992

Indiana is a 209(b) State

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS: — Y

1. Medicaid Policy and Planning
   Family and Social Services Administration
   402 W. Washington Street, Room W341
   P.O. Box 7083
   Indianapolis, IN 46207-7083

2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: — N

   N/A

3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C). — N

B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).

1. AFDC RELATED MEDICAID ONLY GROUPS:
   A. THE TITLE IV-A AGENCY — Y
   B. THE TITLE XIX AGENCY — N

2. SSI RECIPIENTS:
   A. THE IV-A AGENCY — Y
   B. THE SOCIAL SECURITY ADMINISTRATION — N
   C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS — N
   D. THE TITLE XIX AGENCY — N

3. AGED, BLIND, AND DISABLED MEDICAID ONLY:
   A. THE TITLE IV-A AGENCY — Y
   B. THE TITLE XIX AGENCY — N
   C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND — N

C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: — Y

   OFFICE OF MEDICAID POLICY AND PLANNING

D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3). — Y

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ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

INDIANA

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

INDIANA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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INDIANA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

INDIANA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$0
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	N
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

INDIANA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	6

E. STANDARDS AND METHODS

1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	150
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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INDIANA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	1266
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	95
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$13743

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

INDIANA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	N
INDIVIDUALS IN HCBSWS	N
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	18
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

INDIANA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
INDIANA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	155.00	255.00	320.00	385.00	450.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

INDIANA

AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	Y
DISABILITY LIMITED TO AGE 18 AND OLDER	N
MORE RESTRICTIVE INCOME METHODS	N
MORE RESTRICTIVE RESOURCE METHODS	N
MORE RESTRICTIVE INCOME STANDARDS	Y
URBAN/ALL	
1-PERSON	568.00
2-PERSONS	766.00
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	Y
URBAN/ALL	
1-PERSON	1500.00
2-PERSONS	2250.00
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

INDIANA

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

INDIANA

	CAT/MED 1	
+INPATIENT HOSPITAL	Y	N
+OUTPATIENT HOSPITAL	Y	N
+RURAL HEALTH CLINICS	Y	N
+FEDERALLY QUAL HLTH CTRS	Y	N
+OTHER LAB AND X-RAYS	Y	N
+NF (AGE 21 OR OLDER)	Y	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	Y	N
+PHYSICIAN SERVICES	Y	N
+MED/SURG SERV OF A DENTIST	Y	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	Y	N
OPTOMETRISTS	Y	N
CHIROPRACTORS	Y	N
PSYCHOLOGISTS	Y	N
MEDICAL SOCIAL WORKERS	Y	N
NURSE ANESTHETISTS	Y	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	Y	N
+HOME HEALTH AIDE	Y	N
+MED SUPP/EQUIP/APPLIANCES	Y	N
PHYSICAL THERAPY	Y	N
OCCUPATIONAL THERAPY	Y	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	Y	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	Y	N
MENTAL HEALTH CLINIC	Y	N
ALCOHOL & SUB ABUSE CLINIC	Y	N
BIRTHING CENTER	Y	N
AMBULATORY SURGICAL CENTER	Y	N
END STAGE RENAL DISEASE	Y	N
MR/DAY TREATMENT	Y	N
DENTAL SERVICES	Y	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	Y	N
OCCUPATIONAL THERAPY	Y	N
SPEECH DISORDERS	Y	N
HEARING DISORDERS	Y	N
LANGUAGE DISORDERS	Y	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	Y	N
DENTURES	Y	N
PROSTHETIC DEVICES	Y	N
EYEGLASSES	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

INDIANA

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	Y	N
SCREENING SERVICES	Y	N
PREVENTIVE SERVICES	Y	N
REHABILITATIVE SERVICES	Y	N
IMD INPAT HOSP (65 OR OLDER)	Y	N
IMD NF (65 OR OLDER)	N	N
ICF/MR	N	N
INPAT PSYCH (UNDER 21)	Y	N
+NURSE MIDWIFE	Y	N
HOSPICE CARE	N	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	N	N
TCM - PREGNANT WOMEN	Y	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	Y	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	N	N
RESPIRATORY CARE SERVICES	Y	N
+CERT PED NURSE PRACTITIONER	Y	N
+CERT FAM NURSE PRACTITIONER	Y	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	Y	N
CHRISTIAN SCI SANITORIUMS	Y	N
NF SERVICES (UNDER 21)	Y	N
EMERGENCY HOSP SERVICES	Y	N
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	Y	N

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

INDIANA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	N	Y	N	N	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	Y	NA	Y	NA	NA	NA	Y
ENCOUNTER LENGTH	NA	N	N	NA	N	NA	NA	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	NA	N	NA	NA	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	NA	N	NA	NA	NA	N
FEE SCHEDULE?	NA	Y	Y	NA	N	NA	NA	NA	Y
STATE DETERMINED?	NA	N	Y	NA	NA	NA	NA	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	Y	N	NA	NA	NA	NA	NA	N
CHARGES-									
MEDICARE	NA	Y	N	NA	Y	NA	NA	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	Y	Y	NA	Y	NA	NA	NA	Y
COSTS-									
STATE REASONABLE	NA	Y	Y	NA	Y	NA	NA	NA	Y
MEDICARE REASONABLE	NA	Y	N	NA	Y	NA	NA	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	NA	N	NA	NA	NA	N
NEVADA	NA	N	N	NA	N	NA	NA	NA	N
OTHER RVS	NA	N	N	NA	N	NA	NA	NA	N
OTHER PAYMENT METHOD	NA	N	N	NA	N	NA	NA	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.00	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.00	NA	NA	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

INDIANA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	Y	N	NA	N	NA	NA	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	2.50	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	N	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	N	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	N	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	N	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	N	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	NA	N	NA	NA	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

INDIANA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$911.20	NA	NA	$61.84*	$110.18*
RATE PERIOD-					
BEGINS(MMDDYYYY)	0701	0701	0701	0401 *	0401 *
METHOD OF PAYMENT-					
PROSPECTIVE	N	N	N	Y	Y
RETROSPECTIVE	Y	Y	Y	N	N
OTHER METHOD	N	N	N	Y*	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	Y
PER DIEM PLUS ADDITIONS	N	N	N	Y	Y
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	Y	Y	Y	Y	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	Y	Y	Y	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	Y	Y	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	N	N	Y	N	Y
ANCIL PER DIEM	N	N	N	N	Y
OTHER ANCIL	Y	N	Y	Y	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	Y	Y
PEER GROUPING	N	N	N	N*	N*
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	Y	N
STATE OWNED	N	N	N	N	Y
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

INDIANA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	Y	NA	NA
INPT UTIL RATE THRSHLD	Y	Y	N	NA	NA
LOW INC UTIL RT THRSHLD	Y	Y	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N	N	Y	NA	NA
SECT 1923(C)(2)	N	N	N	NA	NA
SECT 1923(C)(3)	Y	Y	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	2.50	2.50	2.50	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	Y	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	Y	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	N	NA	NA
MEDICAID EXPANSION	Y	Y	N	N	N
OTHER MEDICAID	Y	Y	N	N	N
NON-MEDICAID	Y	Y	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Iowa

Characteristics of the Medicaid State Plan as of March 1992

Iowa covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS: — Y

1. Department of Human Services
   Hoover State Office Building, 5th Floor
   Des Moines, IA 50319

2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: — N

   N/A

3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C). — N

B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).

1. AFDC RELATED MEDICAID ONLY GROUPS:
   - A. THE TITLE IV-A AGENCY — N
   - B. THE TITLE XIX AGENCY — Y

2. SSI RECIPIENTS:
   - A. THE IV-A AGENCY — N
   - B. THE SOCIAL SECURITY ADMINISTRATION — Y
   - C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS — N
   - D. THE TITLE XIX AGENCY — N

3. AGED, BLIND, AND DISABLED MEDICAID ONLY:
   - A. THE TITLE IV-A AGENCY — Y
   - B. THE TITLE XIX AGENCY — Y
   - C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND — N

C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: — Y

   DIVISION OF MEDICAL SERVICES

D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3). — Y

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* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

IOWA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IOWA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IOWA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IOWA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	U
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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IOWA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12

E. STANDARDS AND METHODS

1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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IOWA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 300%

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $10000

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$10000
(II)	FAMILY OF TWO	$10000
(III)	FAMILY OF THREE	$10000
(IV)	FAMILY OF FOUR	$10000
(V)	FAMILY OF FIVE	$10000

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. N

2. THE STATE USES A STANDARD OF $13,296. N

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $24000

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IOWA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IOWA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	Y
DISABLED	N
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IOWA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY

IOWA

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	183.00	361.00	426.00	495.00	548.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	483.00	483.00	566.00	666.00	733.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	10000.00	10000.00	10000.00	10000.00	10000.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	2					
AND (MTH)	6					

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U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IOWA

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IOWA

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	Y Y
+FEDERALLY QUAL HLTH CTRS	Y Y
+OTHER LAB AND X-RAYS	YL YL
+NF (AGE 21 OR OLDER)	YL N
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	YL YL
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	YL YL
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	YL YL
NURSE ANESTHETISTS	N N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	Y Y
+HOME HEALTH AIDE	Y Y
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	YL YL
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	N N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y Y
MENTAL HEALTH CLINIC	YL YL
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	Y Y
AMBULATORY SURGICAL CENTER	YL YL
END STAGE RENAL DISEASE	N N
MR/DAY TREATMENT	YL YL
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH DISORDERS	YL YL
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	Y Y
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	YL YL
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

IOWA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	Y N
IMD NF (65 OR OLDER)	N N
ICF/MR	Y N
INPAT PSYCH (UNDER 21)	YL N
+NURSE MIDWIFE	Y Y
HOSPICE CARE	YL YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	N N
TCM - PREGNANT WOMEN	YL YL
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	Y N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	YL YL
+CERT FAM NURSE PRACTITIONER	Y Y
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	YL N
EMERGENCY HOSP SERVICES	N N
PERSONAL CARE SERVICES	N N
TRANSPLANT SERVICES	Y Y

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY

 NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

IOWA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	Y	Y	Y	NA	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	N	N
FEE SCHEDULE?	NA	Y	Y	Y	Y	NA	Y	N	Y
STATE DETERMINED?	NA	N	Y	Y	Y	NA	Y	NA	Y
UPDATE YEAR	NA	NA	1991	1991	1991	NA	NA	NA	1991
MEDICARE	NA	Y	N	N	N	NA	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	NA	N	N	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	NA	N	Y	N
MEDICARE REASONABLE	NA	Y	N	N	N	NA	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	N	N
NEVADA	NA	N	N	N	N	NA	N	N	N
OTHER RVS	NA	N	N	N	N	NA	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$6.25	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$6.25	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

IOWA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2262.49	NA	NA	$47.97	$203.32
RATE PERIOD-					
BEGINS (MMDDYYYY)	07011991	NA	NA	07011991	07011991
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	N	Y	Y
RETROSPECTIVE	N	N	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	N
PER DIEM PLUS ADDITIONS	N	N	N	Y	Y
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	N	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	N	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	Y	Y
OTHER CLASSIFICATION	N	N	N	Y	Y

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

IOWA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	N	N	NA	NA
LOW INC UTIL RT THRSHLD	Y	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	N	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	2.50	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	N	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section Six: NGA 1991 Changes in the Medicaid Program

IOWA

General

07/91 Iowa Medicaid added a home and community-based services waiver for the elderly. The waiver is limited to seven counties. The following services are provided: adult day care, home health service, homemaker service, nursing care and respite care.

02/91 Iowa has changed the minimum lock-in time from six to 24 months.

Eligibility

10/91 In Iowa, persons in medical institutions who have earned income are permitted a $65 deduction for personal needs from earned income.

01/91 Iowa's medically needy income level has been increased 4%.

Long-Term Care

07/91 Iowa established 133% of the Federal poverty level as the maintenance need for dependents of either spouse when one spouse received Medicaid in a Medicaid institution or enrolled in waivers.

01/91 Iowa Medicaid has approved a home and community-based waiver for persons with HIV/AIDS. The waiver includes counseling, home health aids, homemaker, nursing care, and respite care.

07/91 Iowa Medicaid added a home and community-based services waiver for the elderly. The waiver is limited to seven counties. The following services are provided: adult day care, home health service, homemaker service, nursing care and respite care.

Other Approaches

07/91 Iowa Medicaid has increased the medically needy resource limit for SSI-related persons to $10,000.

Kansas

Characteristics of the Medicaid State Plan as of March 1992

Kansas covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Social and Rehabilitation Services Docking State Office Building, Room 603 North 915 Harrison Street Topeka, KS 66612	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: N/A	N
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: DIVISION OF MEDICAL SERVICES	Y
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KANSAS

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES (4.35(D)).	N
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KANSAS

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	Y

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KANSAS

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
SERVICES PROVIDED BY HMOS	Y
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	U

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KANSAS

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$285
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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NA = NOT APPLICABLE

KANSAS

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED

A. PROSPECTIVE PERIOD
(I) FOR FULL MONTHS — Y
(II) FOR PARTIAL MONTHS — N

B. 3-MONTH RETROACTIVE PERIOD
(I) COUNTED FROM DATE OF APPLICATION — N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION. — Y

2. AGED, BLIND, DISABLED

A. PROSPECTIVE PERIOD
(I) FOR FULL MONTHS — Y
(II) FOR PARTIAL MONTHS — N

B. 3-MONTH RETROACTIVE PERIOD
(I) COUNTED FROM DATE OF APPLICATION — N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION. — Y

3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B) — 12

E. STANDARDS AND METHODS

1. INCOME STANDARD

A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2). — 185

B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1). — N

C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL. — N

D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3). — N

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KANSAS

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	N
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	Y
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KANSAS

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KANSAS

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KANSAS

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	N
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
KANSAS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	265.00	347.00	422.00	488.00	547.00	Y
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	407.00	460.00	465.00	488.00	547.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3000.00	3000.00	3000.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	6					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KANSAS

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KANSAS

	CAT/MED
+INPATIENT HOSPITAL	YL
+OUTPATIENT HOSPITAL	YL
+RURAL HEALTH CLINICS	YL
+FEDERALLY QUAL HLTH CTRS	YL
+OTHER LAB AND X-RAYS	YL
+NF (AGE 21 OR OLDER)	Y
+EPSDT	Y
+FAM PLANNING & SUPPLIES	Y
+PHYSICIAN SERVICES	YL
+MED/SURG SERV OF A DENTIST	YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL
OPTOMETRISTS	YL
CHIROPRACTORS	YL
PSYCHOLOGISTS	YL
MEDICAL SOCIAL WORKERS	N
NURSE ANESTHETISTS	YL
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL
+HOME HEALTH AIDE	YL
+MED SUPP/EQUIP/APPLIANCES	YL
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL
PRIVATE DUTY NURSING	N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	YL
MENTAL HEALTH CLINIC	YL
ALCOHOL & SUB ABUSE CLINIC	YL
BIRTHING CENTER	YL
AMBULATORY SURGICAL CENTER	YL
END STAGE RENAL DISEASE	YL
MR/DAY TREATMENT	N
DENTAL SERVICES	YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	YL
SPEECH DISORDERS	YL
HEARING DISORDERS	YL
LANGUAGE DISORDERS	YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL
DENTURES	YL
PROSTHETIC DEVICES	YL
EYEGLASSES	YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KANSAS

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	YL YL
IMD NF (65 OR OLDER)	YL YL
ICF/MR	YL YL
INPAT PSYCH (UNDER 21)	YL YL
+NURSE MIDWIFE	YL YL
HOSPICE CARE	YL YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	YL YL
TCM - CHRON MENTALLY ILL	Y Y
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	YL YL
+CERT FAM NURSE PRACTITIONER	YL YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	YL YL
EMERGENCY HOSP SERVICES	Y Y
PERSONAL CARE SERVICES	YL YL
TRANSPLANT SERVICES	Y Y

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

KANSAS NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	Y	N	N	N	N	N	N	N
FEE SCHEDULE?	NA	Y	Y	Y	N	Y	Y	Y	Y
STATE DETERMINED?	NA	Y	Y	Y	NA	Y	Y	Y	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	N	N	N	NA	N	N	N	N
CHARGES-									
MEDICARE	NA	N	N	N	Y	N	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	N	N	N	N
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	N	N	N	N
MEDICARE REASONABLE	NA	N	N	N	N	N	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	1990	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	N	N
NEVADA	NA	N	N	N	N	N	N	N	N
OTHER RVS	NA	N	N	N	N	N	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

KANSAS NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

KANSAS INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2637.00*	$2637.00*	$323.16	$45.70*	$100.46*
RATE PERIOD-					
BEGINS(MMDDYYYY)	07011991	07011991	07011991	07011991	07011991
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	N	Y	Y
RETROSPECTIVE	N	N	N	N	Y
OTHER METHOD	N	N	Y	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	Y	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	N
PER DIEM PLUS ADDITIONS	N	N	N	Y	Y
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	Y	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	Y	Y	N	Y	Y
OTHER TREND INDEX	N	N	Y	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	Y	Y
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	Y
PEER GROUPING	Y	Y	Y	Y	Y
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	Y	Y	Y	N	N
STATE OWNED	N	N	N	N	Y
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

KANSAS INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	25.00	25.00	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section Six: NGA 1991 Changes in the Medicaid Program

KANSAS

General

08/91 Kansas Medicaid no longer covers wellness monitoring (W1109) for HCBS beneficiaries when provided within the same 60-day period as skilled nursing services provided by a home health agency.

07/91 Kansas Medicaid now covers only the following services for MediKan beneficiaries:

- Community mental health services, 80 hours of targeted case management per calendar year;
- partial hospitalization, limited to 400 hours per calendar year;
- 2 medication reviews per month, per calendar year, and
- 10 hours of individual, group, or family therapy or any combination of these, per calendar year.

In addition, the following services are covered:

- Diagnostic laboratory and radiology services;
- DME and medical supplies;
- outpatient hospital diagnostic laboratory and radiology services;
- pharmacy services; and
- physician, physician assistant, and advanced registered nurse practitioner services, limited to 12 office visits, per calendar year.

Inpatient Hospital Services

02/91 Kansas now allows non-community mental health partial hospitalization programs to begin billing procedure codes for pharmacology management and medication review by an R.N. with prior authorization. By billing these procedure codes, the individual psychotherapy code will no longer be utilized for medication reviews, thus eliminating the prior authorization requirement.

07/91 Kansas Medicaid does not cover alcohol and drug addiction treatment services in an inpatient hospital setting. Acute detoxification continues to be covered in a hospital when medically necessary.

11/91 Kansas has dropped the surgical supply, miscellaneous category.

Physician Services

01/91 Kansas now covers CPT procedure codes 90225 (History and examination of the normal newborn infant, initiation of diagnosis and treatment) and Y9519 (Newborn nursery visit in hospital) as initial KAN Be Healthy screens.

Dentist Services

07/91 Kansas Medicaid now covers dental sealants for KAN Be Healthy participants. The service is limited to one per year, with prior-authorization required if the service is needed more often.

Podiatrist Services

09/91 Kansas Medicaid now covers podiatry services for MediKan and KAN Be Healthy participants only.

Chiropractor Services

09/91 Kansas no longer covers chiropractic services for Medicaid beneficiaries.

09/91 Kansas Medicaid now covers chiropractic service for MediKan and KAN Be Healthy participants only.

Audiologist Services

11/91 Kansas now covers conditioning play audiometry (CPT procedure 92582) KAN Be Healthy participants.

Psychologist Services

11/91 Kansas will not cover outpatient psychotherapy for Medicaid/MediKan beneficiaries when provided by the same provider with the same 90 day period as partial hospitalization activity and/or targeted case management services, except for brief crisis therapy or continuing evaluation purposes.

09/91 Kansas now limits coverage to 1 session per day for group medical psychotherapy.

Prescribed Drugs

04/91 Kansas Medicaid now reimburses for Levonorgestrel plants (Norplant, Wyeth-Ayrest).

03/91 Kansas now covers Betaxolol, Levamisol, and Verapamil SR Pellet Capsule for Medicaid and MediKAN beneficiaries. Acyclovir and Ketorolac are now covered for Medicaid beneficiaries.

07/91 Kansas now covers the following therapeutic drug groups for KAN Be Healthy (KBH) beneficiaries only:

- Antihistamine combinations
- Decongestants
- Cough and cold
- Vitamins - nonprenatal
- Multi-vitamins - nonprenatal

04/91 Kansas covers the following brand-name drugs for Medicaid beneficiaries: Chibroxin, Dynacirc, Jenest, Lotensin, Nasacort and Sinemet CR. These drugs will be covered for MediKan beneficiaries only if they are in a Generic Product Indicator (GPI) class that is covered by MediKan.

09/91 Kansas no longer requires prior authorization for the following drugs: Antihyperlipidemics, Fluconazole, Imipenem, Interferons, Ketoconazole, Misoprostol, Novolin Penfill Insulins, Potassium Citrate, and all Tetracyclines.

01/91 Kansas now covers magnesium sulfate injections, retroactive to January 1, 1991.

12/91 Kansas will no longer reimburse for the drug Clomid.

Family Planning Services

04/91 Kansas Medicaid now reimburses for Levonorgestrel plants (Norplant, Wyeth-Ayrest).

Other Diagnostic, Screening, and Preventive Services

09/91 Kansas will cover a second dose of the MMR vaccine for KAN Be Healthy participants as required.

09/91 Kansas now reimburses for polio vaccine immunization injections.

01/91 Kansas now covers Dobutamine (Dobutrex) injection, 250 mg/20 ml, and Erthropoietin EPO (Epogen, Procrit) injection, 1000 units/.5 cc.

06/91 Kansas Medicaid now allows Local Educator Agencies (LEAs) to perform and be reimbursed for KAN Be Healthy screens.

06/91 Kansas is continuing its volunteer program, including providing flu vaccines to Medicaid beneficiaries who are residents of adult care homes.

Rehabilitative Services

03/91 Kansas raised the maximum payment rate for habilitation services from $23.29 per day to $30.00 per day.

07/91 Kansas Medicaid no longer covers heavy care for head injuries and extra nursing care or supplies.

Transportation Services

02/91 Kansas requires Adult Care Homes (ACH) to pay for nonambulance medical transportation (NAMT) providers. These costs are to be included in ACH's annual cost report, and the per diem rate includes these costs.

02/91 Kansas no longer covers transportation of adult care home residents by non-ambulance medical transportation (NAMT) providers.

Prosthetic Devices and Supplies

10/91 Kansas covers total parenteral nutrition (TPN) in conjunction with enteral or oral feedings for KAN Be Healthy participants when:

- Enteral/oral nutrition constitutes a small portion of the beneficiary's dietary intake and/or
- Beneficiary is being weaned from TPN feedings.

ICFs/MR Services

06/91 Kansas Medicaid now requires prior authorization for extra care services for individuals residing in ICF/MR facilities.

Home Health Services

03/91 Kansas now covers special waiver services for technology-assisted (TA) children between the ages of 0-16. These services include:

- medical case management,
- medical respite care, and
- medical equipment and supplies.

Personal Care Services

03/91 Kansas raised the maximum payment rate for residential care and training from $28.46 per day to $38.00.

Case Management

07/91 Kansas Medicaid covers 120 hours of case management per calendar year, per beneficiary, to technology-assisted and chronically-ill children participating in the KAN Be Healthy program.

10/91 Kansas does not cover outpatient psychotherapy when provided by the same provider within the same 90-day period as a partial hospitalization activity and targeted case management service. If more than 6 hours of individual, group, or family therapy are billed in the same 90 day period, a medical necessity form must be completed and attached to the claim.

Hospice Services

11/91 Kansas allows beneficiaries of hospice services to receive services through the home and community based services program, as long as the HCBS services do not duplicate services being rendered by the hospice provider.

Eligibility

07/91 Kansas Medicaid now makes Home and Community-Based mental retardation and developmentally disabled services available to minor children, ages 5-18.

09/91 Kansas Medicaid limits the gross income of those eligible for long-term nursing facility care coverage to no more than 300% of the 1-person SSI benefit level.

Long Term Care

08/91 Kansas Medicaid no longer covers wellness monitoring (W1109) for HCBS beneficiaries when provided within the same 60-day period as skilled nursing services provided by a home health agency.

Kentucky

Characteristics of the Medicaid State Plan as of March 1992

Kentucky covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y*
1. Department of Medicaid Services* 275 East Main Street, 3rd Floor Frankfort, KY 40621	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N*
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N*
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y*
B. THE TITLE XIX AGENCY	N*
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N*
B. THE SOCIAL SECURITY ADMINISTRATION	Y*
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N*
D. THE TITLE XIX AGENCY	N*
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	N
N/A	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

KENTUCKY

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KENTUCKY

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	N
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KENTUCKY

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	Y
MEDICALLY NEEDY	Y
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KENTUCKY

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$40
B. FOR COUPLES	$80
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$217
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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KENTUCKY

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	185
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	U

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KENTUCKY

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KENTUCKY

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	19
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KENTUCKY

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	19
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	19
IN PRIVATE INSTITUTIONS UNDER (AGE)	19
UNDER PRIVATE AGENCY UNDER (AGE)	19
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	19
IN NFS UNDER (AGE)	19
IN ICFS/MR UNDER (AGE)	19
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	19
OTHER GROUPS UNDER (AGE)	19
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KENTUCKY

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	19
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	19
IN FOSTER HOMES UNDER (AGE)	19
IN PRIVATE INSTITUTIONS UNDER (AGE)	19
UNDER PRIVATE AGENCY UNDER (AGE)	19
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	19
IN NFS UNDER (AGE)	19
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	19
OTHER GROUPS UNDER (AGE)	19

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
KENTUCKY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	162.00	196.00	228.00	285.00	333.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	217.00	267.00	308.00	383.00	450.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	4000.00	4050.00	4100.00	4150.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	3					
AND (MTH)	N					

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KENTUCKY

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KENTUCKY

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	YL YL
+FEDERALLY QUAL HLTH CTRS	Y* Y*
+OTHER LAB AND X-RAYS	YL YL
+NF (AGE 21 OR OLDER)	YL* YL*
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	N N
PSYCHOLOGISTS	N N
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	Y Y
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	Y Y
+HOME HEALTH AIDE	Y Y
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	N N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	YL YL
MENTAL HEALTH CLINIC	YL YL
ALCOHOL & SUB ABUSE CLINIC	Y Y
BIRTHING CENTER	Y Y
AMBULATORY SURGICAL CENTER	Y Y
END STAGE RENAL DISEASE	Y Y
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH DISORDERS	YL YL
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	N N
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	N N
PROSTHETIC DEVICES	YL YL
EYEGLASSES	N N

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

KENTUCKY

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL YL
SCREENING SERVICES	YL YL
PREVENTIVE SERVICES	YL YL
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	YL YL
ICF/MR	YL YL
INPAT PSYCH (UNDER 21)	YL YL
+NURSE MIDWIFE	Y Y
HOSPICE CARE	YL YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	YL YL
TCM - CHRON MENTALLY ILL	Y* Y*
TCM - PREGNANT WOMEN	YL YL
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	N N
+CERT FAM NURSE PRACTITIONER	N N
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	YL YL
EMERGENCY HOSP SERVICES	YL YL
PERSONAL CARE SERVICES	N N
TRANSPLANT SERVICES	Y Y

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KENTUCKY NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y*	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y*	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N*	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N*	N	N	NA	N
FEE SCHEDULE?	NA	N	N	N	N*	Y	Y	NA	Y
STATE DETERMINED?	NA	NA	NA	NA	NA*	Y	Y	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA*	NA	NA	NA	NA
MEDICARE	NA	NA	NA	NA	NA*	N	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	Y	N*	N	N	NA	N
PERCENT BILLED:%	NA	NA	100.00	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	Y	Y	N	N	N	Y	NA	Y
COSTS-									
STATE REASONABLE	NA	Y	N	N	N*	N	N	NA	N
MEDICARE REASONABLE	NA	N	N	N	Y*	N	N	NA	N
PERCENT BILLED	NA	65.00	NA	NA	100.00*	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	1993*	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	Y	N	N	Y	Y	NA	Y
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.75	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$5.75	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

KENTUCKY NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N*	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA*	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA*	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA*	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA*	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA*	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA*	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA*	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	Y	N	Y	N	N*	N	N	NA	Y
DONATION	N	NA	N	NA	NA*	NA	NA	NA	N
TAX	Y	NA	Y	NA	NA*	NA	NA	NA	Y
OTHER	N	NA	N	NA	NA*	NA	NA	NA	N
USE OF PROCEEDS-									
DS PAYMENTS	N	NA	N	NA	NA*	NA	NA	NA	N
MEDICAID EXPANSION	Y	NA	U	NA	NA*	NA	NA	NA	U
OTHER MEDICAID	Y	NA	Y	NA	NA*	NA	NA	NA	Y
NON-MEDICAID	N	NA	N	NA	NA*	NA	NA	NA	N

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KENTUCKY INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP		PSYCH HOSP		OTHER HOSP		NURSE FCLTY		ICF MR	
RATE INFORMATION-										
ESTIMATED AVERAGE NEW RATE AMOUNT $	$520.44	*	$346.86	*	$520.44	*	$53.47	*	$136.93	*
RATE PERIOD-										
BEGINS(MMDDYYYY)	0701	*	0101	*	0701	*	0701	*	0701	*
METHOD OF PAYMENT-										
PROSPECTIVE	Y	*	Y	*	Y	*	Y		Y	
RETROSPECTIVE	N	*	N	*	N	*	N		N	
OTHER METHOD	N	*	N		N		N		N	
UNIT OF PAYMENT-										
DIAGNOSIS RELATED GROUP	N	*	N	*	N	*	NA		NA	
ALL INCLUSIVE PER DIEM	Y	*	Y	*	Y	*	N		N	
PER DIEM PLUS ADDITIONS	N	*	N	*	N	*	N		N	
PER DISCHARGE	N	*	N	*	N	*	N		N	
PER CASE	N	*	N	*	N	*	N		N	
PER ADMISSION	N	*	N	*	N	*	N		N	
CASE MIX PER DIEM	N	*	N	*	N	*	Y		Y	
OTHER UNIT	N		N		N		N		N	
TREND INDEX-										
DRI NATIONAL	N	*	N	*	N	*	N		N	
DRI REGIONAL	Y	*	Y	*	Y	*	Y		Y	
HCFA MARKET BASKET	N	*	N	*	N	*	N		N	
CONSUMER PRICE INDEX	N	*	N	*	N	*	N		N	
OTHER TREND INDEX	N		N		N		N		N	
ANCILLARY SERVICES-										
ANCIL INCLUDED	Y	*	Y	*	Y	*	N		N	
ANCIL PER DIEM	Y	*	Y	*	Y	*	N		N	
OTHER ANCIL	N		N		N		N		N	
OTHER SERVICES-										
ADMIN NECESSARY DAYS	Y	*	Y	*	Y	*	N		N	
RESERVED BED DAYS	N	*	N	*	N	*	N		N	
OTHER SERVICES	N		N		N		N		N	
GROUP CLASSIFICATION-										
LOCATION	N	*	N	*	N	*	N		Y	
PEER GROUPING	Y	*	Y	*	Y	*	N		N	
HIGH/LOW COST	N	*	N	*	Y	*	N		N	
NUMBER OF BEDS	N	*	N	*	N	*	N		N	
STATE OWNED	N	*	N	*	N	*	N		N	
OTHER CLASSIFICATION	N		N		N		Y		N	

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

KENTUCKY INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N*	N*	N*	NA	NA
INPT UTIL RATE THRSHLD	N*	N*	N*	NA	NA
LOW INC UTIL RT THRSHLD	N*	N*	N	NA	NA
OTHER DSH DEFINITION	Y*	Y*	Y*	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N*	N*	N*	NA	NA
SECT 1923(C)(2)	N*	N*	N*	NA	NA
SECT 1923(C)(3)	Y*	Y*	Y*	NA	NA
SECT 1923(E)	N*	N*	N*	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$1.00*	$1.00*	$1.00*	NA	NA
MIN PAYMENT PCT%	NA	0.00	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N*	N*	N*	NA	NA
PROVIDER TAX	Y*	Y*	Y*	NA	NA
GENERAL TAX	N*	N*	N*	NA	NA
GENERAL REVENUE FUND	N*	N*	N*	NA	NA
OTHER FUNDING SOURCE	N*	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N*	N*	N*	N	N
STATE TAX	Y*	Y*	Y*	Y	Y
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y*	Y*	Y*	NA	NA
MEDICAID EXPANSION	Y*	Y*	Y*	Y	Y
OTHER MEDICAID	Y*	Y*	Y*	Y	Y
NON-MEDICAID	N*	N*	N*	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

KENTUCKY

Inpatient Hospital Services

07/91 Kentucky revised physician fees. The new upper limits for outpatient procedures are 100% of the 1989 median billed charges; inpatient services are 75% of the 1989 median billed charges. The fee for all deliveries, including cesarean sections, both inpatient and outpatient, has been increased from $650 to $900.

01/91 Kentucky revised the maximum reimbursement rates for inpatient services provided in out-of-State hospitals as follows:

Bed Size	Out-of-State Max. Per-Diem Rate	Out of State Disproportionate Share Upper Limit
0 - 50	$413.05	$449.89
51 - 100	485.97	527.99
101 - 200	462.48	503.38
201 - 400	545.47	592.32
400 +	620.73	677.17

02/91 Kentucky changed reimbursement of the inpatient professional component services to 75% of usual and customary charges by Medicaid.

03/91 Kentucky now covers rehabilitative hospitals under the Hospital Indigent Care Assurance Program (HICAP).

01/91 Kentucky increased reimbursement rates to hospitals for the 1991 rate year as follows:

Peer Group	1/1/90 Upper Limit	1/1/91 Upper Limit
0-50 Bed Size		
Median	$357.07	$368.36
120% of Median	$428.48	$442.03
51-100 Bed Size		
Median	$417.29	$420.19
120% of Median	$500.75	$504.23

07/91 Kentucky expanded reimbursement payments relating to children in disproportionate share hospitals. Children are now covered up to age 6 for medically necessary inpatient hospital stays resulting in exceptionally long lengths of stay in disproportionate share hospitals.

For infants under age one, the same coverage and reimbursement is available at all hospitals.

Outpatient Hospital Services

07/91 Kentucky revised physician fees. The new upper limits for outpatient procedures are 100% of the 1989 median billed charges; inpatient services are 75% of the 1989 median billed charges. The fee for all deliveries, including cesarean sections, both inpatient and outpatient, has been increased from $650 to $900.

Physician Services

07/91 Kentucky revised physician fees. The new upper limits for outpatient procedures are 100% of the 1989 median billed charges; inpatient services are 75% of the 1989 median billed charges. The fee for all deliveries, including cesarean sections, both inpatient and outpatient, has been increased from $650 to $900.

02/91 Kentucky changed reimbursement of the inpatient professional component services to 75% of usual and customary charges by Medicaid.

07/91 Kentucky increased certain physician fees as follows:

- the conversion factor for physician anesthesia services has been increased from $15.00 to $17.00 therefore, the CRNA conversion factor (75%) will increase from $11.25 to $12.75.
- the fee for inpatient anesthesia services is set at 70% of the outpatient amount.

Dentist Services

01/91 Kentucky added coverage of the following dental procedures:

- surgical exposure of impacted or unerupted tooth for orthodontic reasons.
- periodontal scaling and root planing: 1 per quadrant, per 12 months, per provider.
- intravenous sedation: limited to beneficiaries under age 21.
- pin retention: limited to permanent teeth; lifetime maximum of 2 per tooth.

10/91 Kentucky now covers a one-per-lifetime occlusal orthotic appliance (flat plane splint or anterior repositioning splint) for beneficiaries under 21 years of age. The service requires prior authorization.

Other Practitioner Services

10/91 Kentucky raised the maximum reimbursable amount for nurse aide training (NAT) from $.39 to $.45 per Medicaid patient day. The Medicaid days used to determine the maximum allowable NAT reimbursement are the days reported on Medicaid paid claims data for the most recent 12-month period preceding the billing month.

Lab and X-Ray Services

01/91 Kentucky now reimburses laboratory services performed in the physician's office based on the Medicare laboratory fee schedule at the nonpatient 60% rate.

Prescribed Drugs

03/91 Kentucky now covers the HBCG vaccine in multiple doses beginning at 2 months of age. The vaccine fee limit is set at $5.90.

04/91 Kentucky changed the methodology for covered drug reimbursement. It will now be based on the lesser of the average wholesale price (AWP) minus 10 percent, or direct price if no AWP is available, or the Federal maximum allowable cost plus a dispensing fee, or the usual and customary billed charge.

01/91 Kentucky now requires pre-authorization for use of the drug Prozac in the 20 milligram capsule.

02/91 Kentucky placed Cimetidine HCL on the outpatient drug list effective February 1, 1991. All other legend ulcer treatment products must have prior authorization.

09/91 Kentucky placed Axid (R) 150mg capsules on the outpatient drug list.

Rehabilitative Services

03/91 Kentucky now covers rehabilitative hospitals under the Hospital Indigent Care Assurance Program (HICAP).

Durable Medical Equipment and Supplies

01/91 Kentucky has limited the allowable cost of oxygen concentrator rentals as follows:

- a facility may assign a separate concentrator to any resident who has needed oxygen during the prior or current month and for whom there is a doctor's standing order for oxygen.

- an outside supplier's allowable cost will be based on actual wage. A minimum charge (not to exceed 25% of the Medicare Part B maximum) is allowable if the concentrator is used less than an average of 2 hours per day for the entire month.
- a maximum charge (not to exceed 100% of the Medicare Part B maximum) is allowable if the concentrator is used an average of 8 hours per day for the entire month.
- A facility shall be limited to 1 standby oxygen concentrator for each nurses station, with the expense considered a routine nursing expense for any month that has no actual equipment usage. Waiver of this limit may be granted.

Nursing Facility Services

03/91 Kentucky revised the nursing facility case mix reimbursement patient criteria as follows:

- specific documentation of physician's approval and periodic reassessment of the plan of care is no longer required for documenting ADL dependencies.
- physicians now have 14 days rather than 7 to sign telephoned or electronically generated orders.
- certain basic case mix patient assessment documentation criteria may be waived for newly-admitted residents within 21 days of the case mix assessment target date designated by the Peer Review Organization.

Case Management

07/91 Kentucky implemented targeted case management services for severely emotionally disturbed children under the age of 21.

Other Approaches

04/91 Kentucky imposed a Medicaid provider tax assessment on providers' Medicaid receipts.

Louisiana

Characteristics of the Medicaid State Plan as of March 1992

Louisiana covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. P.O. Box 629 Baton Rouge, LA 708 Department of Health and Hospitals P.O. Box 629 Baton Rouge, LA 70821-0629	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	Y
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
BUREAU OF HEALTH SERVICES FINANCING	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

LOUISIANA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	Y
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

LOUISIANA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y*
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N*

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

LOUISIANA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

LOUISIANA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$38
B. FOR COUPLES	$76
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	Y
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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LOUISIANA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	185
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300%
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

LOUISIANA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	18
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

LOUISIANA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	18
IN ICFS/MR UNDER (AGE)	18
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	18
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

LOUISIANA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N*
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	19
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
LOUISIANA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	72.00	138.00	190.00	234.00	277.00	Y
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	100.00	192.00	258.00	317.00	375.00	Y
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3025.00	3050.00	3075.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	3					
AND (MTH)	N					

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

LOUISIANA

	CAT/MED	
+INPATIENT HOSPITAL	YL	YL
+OUTPATIENT HOSPITAL	YL	YL
+RURAL HEALTH CLINICS	Y	Y
+FEDERALLY QUAL HLTH CTRS	Y*	Y*
+OTHER LAB AND X-RAYS	Y	Y
+NF (AGE 21 OR OLDER)	Y	Y
+EPSDT	Y	Y
+FAM PLANNING & SUPPLIES	Y	Y
+PHYSICIAN SERVICES	YL	YL
+MED/SURG SERV OF A DENTIST	YL	YL
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	YL
OPTOMETRISTS	YL	YL
CHIROPRACTORS	N	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	Y	Y
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	Y	Y
+HOME HEALTH AIDE	Y	Y
+MED SUPP/EQUIP/APPLIANCES	Y	Y
PHYSICAL THERAPY	Y	Y
OCCUPATIONAL THERAPY	N	N
SPEECH PATHOLOGY/AUDIOLOGY	N	N
PRIVATE DUTY NURSING	N	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	YL	YL
MENTAL HEALTH CLINIC	Y	Y
ALCOHOL & SUB ABUSE CLINIC	Y	Y
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	Y	Y
END STAGE RENAL DISEASE	Y	Y
MR/DAY TREATMENT	N	N
DENTAL SERVICES	N	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	N	N
OCCUPATIONAL THERAPY	N	N
SPEECH DISORDERS	N	N
HEARING DISORDERS	N	N
LANGUAGE DISORDERS	N	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	Y	Y
DENTURES	Y	Y
PROSTHETIC DEVICES	Y	Y
EYEGLASSES	N	N

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

LOUISIANA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	Y Y
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	N N
ICF/MR	Y Y
INPAT PSYCH (UNDER 21)	Y Y
+NURSE MIDWIFE	Y Y
HOSPICE CARE	N N
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	Y Y
TCM - PREGNANT WOMEN	Y Y
TCM - AIDS	N N
TCM - HIV POSITIVE	Y Y
TCM - DEVELOP DISABLED	Y Y
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	Y N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	YL YL
+CERT FAM NURSE PRACTITIONER	YL YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	Y N
EMERGENCY HOSP SERVICES	N N
PERSONAL CARE SERVICES	N N
TRANSPLANT SERVICES	Y Y

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

LOUISIANA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y*	Y	Y	Y	N
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	N	Y	Y*	N	N	N	NA
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	N	NA
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	Y	N	N	Y	Y	Y	NA
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	N	NA
FEE SCHEDULE?	NA	N	Y	Y	N	Y	Y	Y	NA
STATE DETERMINED?	NA	NA	Y	N	NA	Y	Y	N	NA
UPDATE YEAR	NA	NA	NA	NA	NA	NA	1991	NA	NA
MEDICARE	NA	NA	N	Y	NA	N	N	N	NA
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	N	NA
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	Y	N	N	N	N	NA
COSTS-									
STATE REASONABLE	NA	N	N	N	Y*	N	N	N	NA
MEDICARE REASONABLE	NA	Y	N	N	Y*	N	N	N	NA
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	N	NA
NEVADA	NA	N	N	N	N	N	N	N	NA
OTHER RVS	NA	N	N	N	N	N	N	N	NA
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	N	NA
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.50	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$5.00	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$5.00	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

LOUISIANA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	N	NA
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	N	NA
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

LOUISIANA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	NA	$49.95	$89.18*
RATE PERIOD-					
BEGINS (MMDDYYYY)	07011991*	07011990*	07011990*	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y*	Y	Y	Y	Y
RETROSPECTIVE	Y*	N	N	Y	N
OTHER METHOD	Y	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N*	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N*	Y	Y	Y	Y
PER DIEM PLUS ADDITIONS	N*	N	N	Y	Y
PER DISCHARGE	N*	N	Y	N	N
PER CASE	N*	N	N	N	N
PER ADMISSION	N*	N	N	N	N
CASE MIX PER DIEM	N*	N	N	N	N
OTHER UNIT	Y*	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N*	N	N	N	N
DRI REGIONAL	N*	N	N	N	N
HCFA MARKET BASKET	Y*	Y	Y	N	N
CONSUMER PRICE INDEX	N*	N	N	Y	Y
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y*	Y	Y	Y	Y
ANCIL PER DIEM	N*	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N*	N	N	N	N
RESERVED BED DAYS	N*	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	Y*	N	N	Y	Y
PEER GROUPING	N*	N	N	Y	N
HIGH/LOW COST	N*	N	N	N	N
NUMBER OF BEDS	Y*	N	N	N	Y
STATE OWNED	N*	N	N	Y	Y
OTHER CLASSIFICATION	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

LOUISIANA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N*	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N*	Y	Y	NA	NA
LOW INC UTIL RT THRSHLD	N*	Y	Y	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N*	Y	Y	NA	NA
SECT 1923(C) (2)	N*	Y	Y	NA	NA
SECT 1923(C) (3)	N*	N	N	NA	NA
SECT 1923(E)	N*	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$1.00*	$1.00	$1.00	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N*	N	N	NA	NA
PROVIDER TAX	N*	N	N	NA	NA
GENERAL TAX	N*	N	N	NA	NA
GENERAL REVENUE FUND	N*	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	Y*	N	N	N	N
STATE TAX	N*	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y*	N	N	NA	NA
MEDICAID EXPANSION	N*	N	N	N	N
OTHER MEDICAID	N*	N	N	N	N
NON-MEDICAID	N*	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

LOUISIANA

Institutions for Mental Disease for Individuals 65 & Over

05/91 Louisiana no longer reimburses inpatient psychiatric hospitals for therapeutic or home leave days for beneficiaries age 65 and over.

Eligibility

09/91 Louisiana, per Supreme Court order, mandated new childhood disability standards specific to children's disability decisions and reviews of denials since 1980.

Maine

Characteristics of the Medicaid State Plan as of March 1992

Maine covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Human Services State House Station 11 Augusta, ME 04333	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
BUREAU OF MEDICAL SERVICES	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MAINE

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MAINE

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	Y
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	Y

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MAINE

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	21
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MAINE

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$40
B. FOR COUPLES	$80
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MAINE

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED

A. PROSPECTIVE PERIOD
(I) FOR FULL MONTHS — Y
(II) FOR PARTIAL MONTHS — N

B. 3-MONTH RETROACTIVE PERIOD
(I) COUNTED FROM DATE OF APPLICATION — N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION. — Y

2. AGED, BLIND, DISABLED

A. PROSPECTIVE PERIOD
(I) FOR FULL MONTHS — Y
(II) FOR PARTIAL MONTHS — N

B. 3-MONTH RETROACTIVE PERIOD
(I) COUNTED FROM DATE OF APPLICATION — N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION. — Y

3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B) — 12

E. STANDARDS AND METHODS

1. INCOME STANDARD

A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2). — 185

B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1). — 133

C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL. — 100

D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3). — 100

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MAINE

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 300%

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. Y

2. THE STATE USES A STANDARD OF $13,296. Y

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MAINE

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MAINE

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MAINE

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
MAINE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	214.00	337.00	453.00	569.00	685.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	416.00	450.00	608.00	758.00	916.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3100.00	3200.00	3400.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	1					

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U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MAINE

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

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U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MAINE

	CAT/MED	
+INPATIENT HOSPITAL	YL	YL
+OUTPATIENT HOSPITAL	Y	Y
+RURAL HEALTH CLINICS	Y	Y
+FEDERALLY QUAL HLTH CTRS	Y	Y
+OTHER LAB AND X-RAYS	Y	Y
+NF (AGE 21 OR OLDER)	Y	Y
+EPSDT	Y	Y
+FAM PLANNING & SUPPLIES	YL	YL
+PHYSICIAN SERVICES	Y	Y
+MED/SURG SERV OF A DENTIST	Y	Y
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	YL
OPTOMETRISTS	YL	YL
CHIROPRACTORS	YL	YL
PSYCHOLOGISTS	YL	YL
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	N	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	Y	Y
+HOME HEALTH AIDE	Y	Y
+MED SUPP/EQUIP/APPLIANCES	Y	Y
PHYSICAL THERAPY	Y	Y
OCCUPATIONAL THERAPY	Y	Y
SPEECH PATHOLOGY/AUDIOLOGY	Y	Y
PRIVATE DUTY NURSING	YL	YL
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	N	N
MENTAL HEALTH CLINIC	N	N
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	N	N
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	YL
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	Y	Y
OCCUPATIONAL THERAPY	Y	Y
SPEECH DISORDERS	Y	Y
HEARING DISORDERS	YL	YL
LANGUAGE DISORDERS	Y	Y
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	YL
DENTURES	YL	YL
PROSTHETIC DEVICES	Y	Y
EYEGLASSES	YL	YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MAINE

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL YL
SCREENING SERVICES	YL YL
PREVENTIVE SERVICES	YL YL
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	N N
ICF/MR	Y Y
INPAT PSYCH (UNDER 21)	Y Y
+NURSE MIDWIFE	Y Y
HOSPICE CARE	N N
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	YL YL
TCM - PREGNANT WOMEN	YL YL
TCM - AIDS	YL YL
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	YL YL
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	YL YL
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	Y Y
+CERT FAM NURSE PRACTITIONER	Y Y
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	Y Y
CHRISTIAN SCI NURSES	Y Y
CHRISTIAN SCI SANITORIUMS	Y Y
NF SERVICES (UNDER 21)	Y Y
EMERGENCY HOSP SERVICES	N N
PERSONAL CARE SERVICES	YL YL
TRANSPLANT SERVICES	Y Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MAINE NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	N
FEE SCHEDULE?	NA	N	Y	Y	N	Y	Y	NA	Y
STATE DETERMINED?	NA	NA	N	Y	NA	N	Y	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	Y	N	NA	Y	N	NA	N
CHARGES-									
MEDICARE	NA	N	Y	Y	N	Y	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	Y	Y	N	Y	N	NA	N
COSTS-									
STATE REASONABLE	NA	Y	N	N	N	N	N	NA	N
MEDICARE REASONABLE	NA	N	N	N	Y	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	5.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.35	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$3.35	NA	NA	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MAINE NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MAINE INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2821.00	$2821.00	NA	$74.36	NA
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	0701	NA	0701	NA
METHOD OF PAYMENT-					
PROSPECTIVE	N	N	N	Y	Y
RETROSPECTIVE	N	N	N	N	N
OTHER METHOD	Y	Y	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	Y	Y	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	Y	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	Y	Y
ANCIL PER DIEM	N	N	N	Y	Y
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y	N	N	N
RESERVED BED DAYS	Y	Y	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MAINE INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	Y	Y	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	Y	Y	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	Y	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	Y	Y	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MAINE

General

03/91 Maine proposed to eliminate its health occupational training program.

Inpatient Hospital Services

12/91 Maine now defines any psychiatric hospital meeting the minimum criteria described below as a disproportionate share hospital:

1. The hospital must have a) a Medicaid inpatient utilization rate at least one standard deviation above the mean Medicaid inpatient utilization rate for hospitals receiving Medicaid payments in the State; or b) have a low-income patient utilization rate exceeding 25%; or c) have a Medicaid utilization rate (based on charges) which equals 3% or more.

2. The hospital must have at least 2 obstetricians, or physicians who perform non-emergency obstetric procedure in rural areas, with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under a State Medicaid plan.

3. The obstetric-related criteria above do not apply to hospitals with inpatients predominantly under 18 years of age, or hospitals that do not offer non-emergency obstetric services.

4. For determining disproportionate share eligibility in a payment year, the hospital's Medicare cost report as filed for the same period will be applied under one of the methods outlined in Section 1.

05/91 Maine Medicaid proposed to no longer reimburse for days in a hospital while awaiting placement in a nursing facility.

05/91 Maine proposed to change the disproportionate share hospital Medicaid utilization rate from 15% to 25%.

12/91 Maine now requires prior authorization when a Medicaid beneficiary's inpatient stay in a psychiatric facility exceeds 120 days.

Outpatient Hospital Services

07/91 Maine now reimburses on a fee-for-service basis for all laboratory and radiology services provided as an outpatient service.

Rural Health Clinic Services

04/91 Maine now covers asthma self-management services under optional ambulatory services provided at rural health clinics. The management program must be one of the following: airpower, airwise, open airways, superstuff, living with asthma, or ACT. Each program must have a physician provider, a licensed health professional or health educator as primary instructor, pre-and past-assessments as part of the clients' records, an advisory committee, and a physician referral for all participants.

Nurse Practitioner, Midwife, Physician Extender Services

02/91 Maine will now reimburse certified family and pediatric nurse practitioners under the physician services fee schedule for services provided within the scope of a practitioner's license.

07/91 Maine expanded the nurse-midwife range of care to include routine newborn care not to exceed 4 weeks, and gynecological care for women.

Dentist Services

10/91 Maine no longer reimburses for dentures in clients age twenty-one and over.

Lab and X-Ray Services

06/91 Maine re-categorized laboratory and x-ray services so that they are now two separate categories, thereby creating a special subsection for medical imaging services (MRI).

07/91 Maine now reimburses on a fee-for-service basis for all laboratory and radiology services provided as an outpatient service.

Prescribed Drugs

09/91 Maine now covers the drug Clozaril (Clozapine) for community-based clients.

Family Planning Services

01/91 Maine added medical and consultative services in family planning agencies for adolescents and young adults. These services include physical examinations, age-appropriate counseling, and referral for needed services that are not available at the family planning clinic. Also, licensed dieticians were added for nutritional consultation services through the family planning agency.

10/91 Maine revised Family Planning Agency Services rules to allow reimbursement for early prenatal care services. These services include early prenatal education, counseling, and confirmed medical appointments. Also, Norplant is now a covered service.

07/91 Maine now reimburses on a fee-for-service basis for all laboratory and radiology services provided as an outpatient service.

Transportation Services

08/91 Maine expanded home and community-based waiver services for the elderly under personal care services to include ambulation under ADLs and reimbursement for a live-in personal care attendant (PCA), up to $43.68 per day. The services are reimbursable to qualified family members with the exception of the client's spouse of the parent of a minor client.

04/91 Maine eliminated the sole source contract for air ambulance services and adopted rules and reimbursement rates for qualified providers.

Durable Medical Equipment and Supplies

12/91 Maine no longer reimburses for the rental or purchase of a therapy bed in a hospital setting.

ICFs/MR Services

10/91 Maine updated the ICF/MR regulations. Some of the major changes are:

- nurses must complete a quarterly visual exam for those individuals requiring a health care plan;
- facilities are required to be more aggressive in teaching client choice and self-management;
- ten domains must be included in the comprehensive assessment of each individual served in the ICF/MR;

- an increased involvement of specially constituted committees to safeguard the ICF/MR patients' rights;
- drug regimen reviews must be completed quarterly; and
- modification in the management of inappropriate behavior of clients.

Home Health Services

12/91 Maine clarified classification for certain disabled children age 18 and under for home care (Katie Beckett) who would be eligible for Medicaid if in a hospital. The following criteria must be met:

- the child would require a level of care provided in a hospital as described in the State manual;

- it is appropriate to provide the care outside an institution;
- the estimated amount for medical expenses will not be greater than that spent within an appropriate institution; and

- the individual meets the criteria described in the Maine Medicaid Eligibility Manual regarding disabled children.

Personal Care Services

07/91 Maine increased the reimbursement ceiling to $21,500.00 per beneficiary per year for day habilitation services for the mentally disabled. In the event of a partial year of operation, the maximum amount will be prorated over the number of calendar days for the operating period.

07/91 Maine added coverage for private duty nurse and personal care services provided outside a beneficiary's home, and increased reimbursement rates for services provided under the program.

08/91 Maine expanded home and community-based waiver services for the elderly under personal care services to include ambulation under ADLs and reimbursement for a live-in personal care attendant (PCA), up to $43.68 per day. The services are reimbursable to qualified family members with the exception of the client's spouse or the parent of a minor client.

04/91 Maine now reimburses for personal care services in community residences for the mentally disabled provided that the services are prescribed by a physician, are in accordance with the beneficiary's plan of care, and are

supervised by a RN at least every 90 days. Also, the facility must have written documentation that each staff person has received orientation as specified in the licensing regulations.

Case Management

05/91 Maine added case management services for eligible children and adolescents, age 6 through 20, with severe emotional disturbances.

11/91 Maine revised the maximum allowances for case management services for families of abused or neglected children, children and young adults who are in the care and custody of the Human Services Dept. or an agency in another State and placed in Maine, families of children who are receiving post adoption services, and for adults in need of protective services.

Community-Based Long Term Care Services

04/91 Maine amended the principles of reimbursement for boarding homes as follows:

- all individuals who are eligible for State assistance must be assessed prior to admission to a cost-reimbursed home enrolled as a private non-medical institution. Residents who become eligible after admission must be assessed at that time. The completed assessment form must be received within seven calendar days of eligibility determination.

- there must be a physician-written prescription for services prior to the first date of service. For residents who become eligible after admission, the prescription must be received within seven days of the eligibility determination.

Maryland

Characteristics of the Medicaid State Plan as of March 1992

Maryland covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Health and Mental Hygiene Herbert R. O'Connor Building, 5th Floor 201 West Preston Street Baltimore, MD 21201	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
NO	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
MEDICAL CARE PROGRAMS	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MARYLAND

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE A-2. HCFA STATE PROFILE DATA SYSTEM PAGE 1 OF 1

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MARYLAND

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	U
PART A BUY-IN AGREEMENT	U
PART B BUY-IN AGREEMENT	U
OTHER ARRANGEMENT	U
PREMIUMS FOR HMO ENROLLMENT	U
QDWIS	
PART A GROUP PAYMENT	U
OTHER METHOD FOR PART A PAYMENT	U
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	U
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	U
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	U

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MARYLAND

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MARYLAND

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$40
B. FOR COUPLES	$80
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$384
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	U
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	U
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	MN
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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MARYLAND

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12

E. STANDARDS AND METHODS

1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	185
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	100

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MARYLAND

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300%
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	Y
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MARYLAND

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MARYLAND

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MARYLAND

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	N

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U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
MARYLAND
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	179.00	317.00	406.00	489.00	566.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	359.00	400.00	442.00	484.00	526.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2500.00	3000.00	3100.00	3200.00	3300.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	N					

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MARYLAND

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	Y Y
+FEDERALLY QUAL HLTH CTRS	YL YL
+OTHER LAB AND X-RAYS	Y Y
+NF (AGE 21 OR OLDER)	Y Y
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	Y Y
PSYCHOLOGISTS	Y Y
MEDICAL SOCIAL WORKERS	Y Y
NURSE ANESTHETISTS	YL YL
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	YL YL
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y Y
MENTAL HEALTH CLINIC	Y Y
ALCOHOL & SUB ABUSE CLINIC	Y Y
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	Y Y
END STAGE RENAL DISEASE	Y Y
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	N N
SPEECH DISORDERS	YL YL
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	YL YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	YL YL
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MARYLAND

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	N N
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	YL YL
ICF/MR	Y Y
INPAT PSYCH (UNDER 21)	Y Y
+NURSE MIDWIFE	YL YL
HOSPICE CARE	YL YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	YL YL
TCM - CHRON MENTALLY ILL	N N
TCM - PREGNANT WOMEN	YL YL
TCM - AIDS	YL YL
TCM - HIV POSITIVE	YL YL
TCM - DEVELOP DISABLED	YL YL
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	Y Y
RESPIRATORY CARE SERVICES	YL YL
+CERT PED NURSE PRACTITIONER	N N
+CERT FAM NURSE PRACTITIONER	YL YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	YL YL
EMERGENCY HOSP SERVICES	Y Y
PERSONAL CARE SERVICES	YL YL
TRANSPLANT SERVICES	Y Y

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Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MARYLAND NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	N	N
FEE SCHEDULE?	NA	N	Y	Y	N	Y	Y	Y	Y
STATE DETERMINED?	NA	NA	Y	Y	NA	Y	Y	Y	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	NA	N	N	N	N
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	N	N	N	N
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	N	N	N	N
MEDICARE REASONABLE	NA	N	N	N	N	N	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	N	N
NEVADA	NA	N	N	N	N	N	N	N	N
OTHER RVS	NA	N	N	N	N	N	N	N	N
OTHER PAYMENT METHOD	NA	Y	N	N	N	N	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.94	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$6.17	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MARYLAND NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	Y	N	Y	N	N	Y	Y	N	Y
DONATION	N	NA	N	NA	NA	N	N	NA	N
TAX	Y	NA	Y	NA	NA	Y	Y	NA	Y
OTHER	N	NA	N	NA	NA	N	N	NA	N
USE OF PROCEEDS-									
DS PAYMENTS	N	NA	N	NA	NA	N	N	NA	N
MEDICAID EXPANSION	N	NA	N	NA	NA	N	N	NA	N
OTHER MEDICAID	Y	NA	Y	NA	NA	Y	Y	NA	Y
NON-MEDICAID	N	NA	N	NA	NA	N	N	NA	N

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MARYLAND INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	NA	$78.10	NA
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	0701	0701	0501 *	NA
METHOD OF PAYMENT-					
PROSPECTIVE	N	N	N	Y	N
RETROSPECTIVE	N	Y	Y	Y	Y
OTHER METHOD	Y	N	N	Y*	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	Y	Y	N	N
PER DIEM PLUS ADDITIONS	Y	N	N	Y	Y
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	Y	N
OTHER UNIT	Y	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	Y	N
OTHER TREND INDEX	Y	Y	N	Y	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	N	Y	Y	N	Y
ANCIL PER DIEM	N	N	N	Y	N
OTHER ANCIL	Y	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y	Y	Y	N
RESERVED BED DAYS	N	N	N	Y	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	Y	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	Y	N
STATE OWNED	N	N	N	N	Y
OTHER CLASSIFICATION	Y	N	N	N	Y

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MARYLAND INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	Y	Y	NA	NA
LOW INC UTIL RT THRSHLD	Y	Y	Y	NA	NA
OTHER DSH DEFINITION	Y	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	Y	Y	Y	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$0.00	$0.00	NA	NA	NA
MIN PAYMENT PCT%	4.00	4.00	0.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	Y	NA	NA
GENERAL REVENUE FUND	Y	Y	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	Y	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	Y	Y	N	Y	N
NON-MEDICAID	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section Six: NGA 1991 Changes in the Medicaid Program

MARYLAND

General

04/91 Maryland reduced the time period for submission of Medicaid claims from 12 months to six months.

Inpatient Hospital Services

11/91 Maryland eliminated coverage of hospital inpatient services for the General Public Assistance and State-Only eligibility categories.

07/91 Maryland Medicaid recalculated the DRG day limits for hospital stays of beneficiaries in State-only eligibility categories. The day limits will be calculated using 50% of the average length of stay, instead of the present 60%.

Outpatient Hospital Services

07/91 Maryland Medicaid no longer covers outpatient hospital services for beneficiaries in State-only eligibility categories, except subsidized adoption beneficiaries. The program will continue to cover true emergency services provided in hospital emergency rooms.

Physician Services

03/91 Maryland Medicaid increased the fee for a completed comprehensive evaluation and multidisciplinary assessments.

Prescribed Drugs

10/91 Maryland increased copayments from $1.50 to $4.00 per prescription.

07/91 Maryland Medicaid limits services to maintenance drugs for chronic-diseases and anti-infective drugs including AZT.

Family Planning Services

12/91 Maryland covers the cost of a Norplant Kit and the insertion of this family planning device.

Other Diagnostic, Screening and Preventive Services

09/91 Maryland added preventive care to its Diabetes Care Program. The Diabetes Care Program is available to

certain Medical Assistance beneficiaries who have been discharged from a diabetes-related hospital stay.

Case Management

11/91 Maryland implemented early intervention services case management. The service includes multidisciplinary assessment, plan of care, and ongoing case management for beneficiaries aged birth to three who are developmentally disabled or delayed.

Community-Based Long Term Care Services

09/91 Maryland added two new waiver services: respite care and environmental modifications, to its home and community-based services for developmentally disabled individuals.

Eligibility

11/91 Maryland has increased eligibility from 200 to 300 percent of the Federal poverty level for the Maryland AIDS Insurance Assistance Pilot Program.

Massachusetts

Characteristics of the Medicaid State Plan as of March 1992

Massachusetts covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Public Welfare 600 Washington Street Boston, MA 02111	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	Y
COMMISSION FOR THE BLIND	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	Y
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	Y
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
MEDICAL DIVISION	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MASSACHUSETTS

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	Y
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MASSACHUSETTS

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MASSACHUSETTS

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MASSACHUSETTS

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	N

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$60
B. FOR COUPLES	$120
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$60
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$522

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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NA = NOT APPLICABLE

MASSACHUSETTS

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED

A. PROSPECTIVE PERIOD
(I) FOR FULL MONTHS — N
(II) FOR PARTIAL MONTHS — Y

B. 3-MONTH RETROACTIVE PERIOD
(I) COUNTED FROM DATE OF APPLICATION — Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION. — N

2. AGED, BLIND, DISABLED

A. PROSPECTIVE PERIOD
(I) FOR FULL MONTHS — N
(II) FOR PARTIAL MONTHS — Y

B. 3-MONTH RETROACTIVE PERIOD
(I) COUNTED FROM DATE OF APPLICATION — Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION. — N

3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B) — 6

E. STANDARDS AND METHODS

1. INCOME STANDARD

A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2). — 185

B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1). — 185

C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL. — 100

D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3). — 100

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MASSACHUSETTS

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300%
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	Y
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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NA = NOT APPLICABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MASSACHUSETTS

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	18
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	18
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MASSACHUSETTS

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	18
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MASSACHUSETTS

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
MASSACHUSETTS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	392.00	486.00	579.00	668.00	760.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	522.00	650.00	775.00	891.00	1016.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3100.00	3200.00	3300.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	1					

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MASSACHUSETTS

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MASSACHUSETTS

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	Y Y
+FEDERALLY QUAL HLTH CTRS	Y Y
+OTHER LAB AND X-RAYS	Y Y
+NF (AGE 21 OR OLDER)	YL YL
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	N N
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	N N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	Y Y
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	Y Y
SPEECH PATHOLOGY/AUDIOLOGY	Y Y
PRIVATE DUTY NURSING	YL YL
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y Y
MENTAL HEALTH CLINIC	Y Y
ALCOHOL & SUB ABUSE CLINIC	Y Y
BIRTHING CENTER	Y Y
AMBULATORY SURGICAL CENTER	Y Y
END STAGE RENAL DISEASE	Y Y
MR/DAY TREATMENT	Y Y
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH DISORDERS	YL YL
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	YL YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	Y Y
DENTURES	Y Y
PROSTHETIC DEVICES	Y Y
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MASSACHUSETTS

	CAT/MED	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	Y	Y
SCREENING SERVICES	Y	Y
PREVENTIVE SERVICES	Y	Y
REHABILITATIVE SERVICES	Y	Y
IMD INPAT HOSP (65 OR OLDER)	Y	Y
IMD NF (65 OR OLDER)	Y	Y
ICF/MR	Y	Y
INPAT PSYCH (UNDER 21)	YL	YL
+NURSE MIDWIFE	Y	Y
HOSPICE CARE	Y	Y
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	Y	Y
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	Y	Y
TCM - HIV POSITIVE	Y	Y
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	Y	Y
RESPIRATORY CARE SERVICES	Y	Y
+CERT PED NURSE PRACTITIONER	Y	Y
+CERT FAM NURSE PRACTITIONER	Y	Y
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	Y	Y
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	YL	YL
EMERGENCY HOSP SERVICES	Y	Y
PERSONAL CARE SERVICES	YL	YL
TRANSPLANT SERVICES	Y	Y

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MASSACHUSETTS NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	N	U	NA	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	U	NA	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	Y	N	Y	N	NA	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	N	N
FEE SCHEDULE?	NA	Y	Y	Y	N	NA	Y	Y	Y
STATE DETERMINED?	NA	Y	Y	Y	NA	NA	Y	Y	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	N	N	N	NA	NA	N	N	N
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	NA	N	N	N
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	NA	N	N	N
MEDICARE REASONABLE	NA	N	N	N	N	NA	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	N	N
NEVADA	NA	N	N	N	N	NA	N	N	N
OTHER RVS	NA	N	N	N	N	NA	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MASSACHUSETTS NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MASSACHUSETTS INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	$227.00	$227.00	$100.00	$193.00
RATE PERIOD-					
BEGINS (MMDDYYYY)	NA	1001	1001	1001	1001
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	Y	N	Y
RETROSPECTIVE	N	N	N	Y	Y
OTHER METHOD	N	N	N	N	Y
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	Y	N
OTHER UNIT	Y	Y	Y	N	N
TREND INDEX-					
DRI NATIONAL	Y	Y	Y	Y	Y
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	N	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	N	Y
ANCIL PER DIEM	N	N	N	N	Y
OTHER ANCIL	Y	N	Y	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y	Y	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	Y
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MASSACHUSETTS INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	Y	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	Y	N	N	NA	NA
SECT 1923(C) (2)	N	Y	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	Y	N	Y	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	Y	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	N	N	NA	NA
MEDICAID EXPANSION	Y	N	N	N	N
OTHER MEDICAID	Y	N	N	N	N
NON-MEDICAID	Y	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MASSACHUSETTS

General

08/91 Massachusetts limits coverage for General Relief beneficiaries for the following services: physician services; community health center services; methadone treatment, including counseling; and prescription drugs.

Psychologist Services

11/91 Massachusetts no longer requires pre-admission screening for substance abuse and psychiatric admissions.

Transportation Services

08/91 Massachusetts Medicaid no longer covers transportation to any medical service for general relief beneficiaries.

Substance Abuse Services

11/91 Massachusetts no longer requires pre-admission screening for substance abuse and psychiatric admissions.

Michigan

Characteristics of the Medicaid State Plan as of March 1992

Michigan covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Social Services P.O. Box 30037 Lansing, MI 48909	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: N/A	N
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: MEDICAL SERVICES ADMINISTRATION	Y
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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MICHIGAN

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MICHIGAN

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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MICHIGAN

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MICHIGAN

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$308
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MICHIGAN

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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MICHIGAN

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). — N

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). — N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). — $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. — N

2. THE STATE USES A STANDARD OF $13,296. — N

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: — $13740

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MICHIGAN

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	N
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MICHIGAN

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MICHIGAN

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21

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U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
MICHIGAN
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	283.00	383.00	477.00	586.00	686.00	Y
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	350.00	466.00	500.00	534.00	625.00	Y
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3200.00	3400.00	3600.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	N					

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MICHIGAN

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MICHIGAN

	CAT/MED	
+INPATIENT HOSPITAL	YL	YL
+OUTPATIENT HOSPITAL	YL	YL
+RURAL HEALTH CLINICS	Y	Y
+FEDERALLY QUAL HLTH CTRS	Y	Y
+OTHER LAB AND X-RAYS	YL	YL
+NF (AGE 21 OR OLDER)	YL	YL
+EPSDT	Y	Y
+FAM PLANNING & SUPPLIES	Y	Y
+PHYSICIAN SERVICES	YL	YL
+MED/SURG SERV OF A DENTIST	N	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	YL
OPTOMETRISTS	YL	YL
CHIROPRACTORS	N	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	Y	Y
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	YL
+HOME HEALTH AIDE	YL	Y
+MED SUPP/EQUIP/APPLIANCES	YL	YL
PHYSICAL THERAPY	Y	Y
OCCUPATIONAL THERAPY	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	Y	Y
PRIVATE DUTY NURSING	N	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	Y	Y
MENTAL HEALTH CLINIC	Y	Y
ALCOHOL & SUB ABUSE CLINIC	Y*	Y*
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	N	N
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	YL
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	YL
OCCUPATIONAL THERAPY	YL	YL
SPEECH DISORDERS	YL	YL
HEARING DISORDERS	YL	YL
LANGUAGE DISORDERS	Y	Y
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	Y
DENTURES	YL	YL
PROSTHETIC DEVICES	YL	YL
EYEGLASSES	YL	YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MICHIGAN

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL YL
SCREENING SERVICES	N N
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	YL YL
ICF/MR	YL YL
INPAT PSYCH (UNDER 21)	YL YL
+NURSE MIDWIFE	YL YL
HOSPICE CARE	YL YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	N N
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	YL YL
+CERT PED NURSE PRACTITIONER	Y Y
+CERT FAM NURSE PRACTITIONER	YL YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	YL YL
NF SERVICES (UNDER 21)	YL YL
EMERGENCY HOSP SERVICES	YL YL
PERSONAL CARE SERVICES	YL YL
TRANSPLANT SERVICES	Y Y

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Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MICHIGAN NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	N	Y	N	N	Y	N
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	NA	Y	NA	NA	Y	NA
ENCOUNTER LENGTH	NA	N	N	NA	N	NA	NA	N	NA
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	NA	N	NA	NA	N	NA
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	NA	N	NA	NA	N	NA
FEE SCHEDULE?	NA	Y	Y	NA	Y	NA	NA	Y	NA
STATE DETERMINED?	NA	N	Y	NA	Y	NA	NA	Y	NA
UPDATE YEAR	NA	NA	NA	NA	1991	NA	NA	NA	NA
MEDICARE	NA	Y	N	NA	N	NA	NA	N	NA
CHARGES-									
MEDICARE	NA	N	N	NA	N	NA	NA	N	NA
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	Y	N	NA	N	NA	NA	N	NA
COSTS-									
STATE REASONABLE	NA	N	Y	NA	N	NA	NA	N	NA
MEDICARE REASONABLE	NA	Y	N	NA	Y	NA	NA	Y	NA
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	NA	N	NA	NA	N	NA
NEVADA	NA	N	N	NA	N	NA	NA	N	NA
OTHER RVS	NA	N	Y	NA	N	NA	NA	N	NA
OTHER PAYMENT METHOD	NA	N	N	NA	N	NA	NA	N	NA
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MICHIGAN NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	NA	N	NA	NA	N	NA
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	Y	N	NA	N	NA	NA	N	NA
DONATION	NA	Y	NA	NA	NA	NA	NA	NA	NA
TAX	NA	N	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	N	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	N	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	N	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	Y	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	Y	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MICHIGAN INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	NA	$54.54	NA
RATE PERIOD-					
BEGINS(MMDDYYYY)	1001 *	0101	1001	1001	1001
METHOD OF PAYMENT-					
PROSPECTIVE	Y*	Y	Y	Y	N
RETROSPECTIVE	N*	Y	Y	N	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y*	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N*	N	N	Y	Y
PER DIEM PLUS ADDITIONS	N*	Y	Y	N	N
PER DISCHARGE	N*	N	N	N	N
PER CASE	N*	N	N	N	N
PER ADMISSION	N*	N	N	N	N
CASE MIX PER DIEM	N*	N	N	N	N
OTHER UNIT	Y*	N	N	N	N
TREND INDEX-					
DRI NATIONAL	Y	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	Y	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	N	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	Y	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	Y	N	Y	Y
OTHER CLASSIFICATION	N	N	Y	Y	Y

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MICHIGAN INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N	N	N	NA	NA
SECT 1923(C)(2)	N	N	N	NA	NA
SECT 1923(C)(3)	Y	Y	Y	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	10.00	10.00	10.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	Y	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	Y	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MICHIGAN

Inpatient Hospital Services

04/91 Michigan will no longer cover subacute substance abuse services.

10/91 Michigan rebased inpatient hospital rates on data from hospital cost years Oct. 1, 1988 through Sept. 30, 1989.

06/91 Michigan dropped the prior authorization requirement for any orthosis or prosthesis that is required for inpatient hospital treatment only.

Clinic Services

04/91 Michigan reduced reimbursement by 18.5% for outreach funding. EPSDT outreach with the Department of Public Health was eliminated on 11-01-91.

Physician Services

03/91 Michigan will increase reimbursement to physicians who perform a vaginal birth after a previous cesarian.

Optometrist Services

08/91 Michigan now covers polycarbonate lenses in regular, non-protective child-sized frames.

07/91 Michigan no longer requires additional documentation for the use of regular plastic lenses for eyeglasses. Eyeglass cases will also be provided for every complete pair of glasses ordered.

Dentist Services

12/91 Michigan no longer covers most dental services for clients aged 21 and over except for emergencies and oral surgery. Prior authorization is required.

Podiatrist Services

12/91 Michigan no longer covers podiatry services for clients aged 21 and over.

Chiropractor Services

04/91 Michigan no longer covers spinal manipulations by chiropractors, except when medically necessary for clients under age 21.

12/91 Michigan no longer covers chiropractic x-rays for clients aged 21 and over.

Lab and X-Ray Services

12/91 Michigan no longer covers chiropractic x-rays for clients aged 21 and over.

03/91 Michigan added coverage of the following tests and drugs when prescribed through a family planning clinic: automated chemistry test (glucose and/or cholesterol), immunoassay testing for chlamydia, smear for herpes, amoxicillin, doxycycline, vibramycin, Keflex, Benemid, Bactrim, Macrodantin, Femstat, Gyne Lotrimin, Mycelex G and Terazol.

Prescribed Drugs

10/91 Michigan has revised its Medicaid Pharmacy copayment policy as follows:

- Ambulatory beneficiaries age 21 and older pay $1.00 rather than $.50 on all products, except family planning and pregnancy related drugs and MACs.
- Exclusion: HMOs, PSP, clinic plan beneficiaries and LTC beneficiaries.

03/91 Michigan added coverage of the following tests and drugs when prescribed through a family planning clinic: automated chemistry test (glucose and/or cholesterol), immunoassay testing for chlamydia, smear for herpes, amoxicillin, doxycycline, vibramycin, Keflex, Benemid, Bactrim, Macrodantin, Femstat, Gyne Lotrimin, Mycelex G and Terazol.

Family Planning Services

03/91 Michigan added coverage of the following tests and drugs when prescribed through a family planning clinic: automated chemistry test (glucose and/or cholesterol), immunoassay testing for chlamydia, smear for herpes, amoxicillin, doxycycline, vibramycin, Keflex, Benemid, Bactrim, Macrodantin, Femstat, Gyne Lotrimin, Mycelex G and Terazol.

EPSDT and Maternal and Infant Health Services

11/91 Michigan reduced reimbursement by 18.4% for outreach funding. EPSDT outreach with the Department of Public Health was eliminated on 11-01-91.

10/91 Michigan now covers the Denver II developmental test in addition to the basic EPSDT service.

Transportation Services

12/91 Michigan limited medical transportation to essential transportation only. Ambulance services continue to be covered.

Substance Abuse Services

04/91 Michigan will no longer cover subacute substance abuse services.

Prosthetic Devices and Supplies

06/91 Michigan dropped the prior authorization requirement for any orthosis or prosthesis that is required for inpatient hospital treatment only.

Durable Medical Equipment and Supplies

04/91 Michigan changed prior authorization criteria for DME, medical supplies, and orthosis/prosthesis. Coverage will now be limited to services needed to sustain life or prevent immediate institutionalization for clients aged 21 and older.

Nursing Facility Services

04/91 Michigan adopted the HCFA November 1990 version of the resident assessment instrument. LTC providers must implement the MDS no later than July 1, 1991. In so doing, the inspection of care process is eliminated.

Home Health Services

04/91 Michigan no longer covers physical therapy provided by a home health agency, except when medically necessary for clients under age 21. Effective 12-01-91 physical therapy was restored as a benefit for clients age 21 and over by a home health agency.

10/91 Michigan now covers home help personal care services for beneficiaries enrolled in hospices as long as the services are not duplicative of the care provided by the hospice.

Hospice Services

10/91 Michigan now covers home help personal care services for beneficiaries enrolled in hospices as long as the services are not duplicative of the care provided by the hospice.

Minnesota

Characteristics of the Medicaid State Plan as of March 1992

Minnesota is a 209(b) State and covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Human Services 444 Lafayette Road, 2nd Floor St. Paul, MN 55155-3815	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
HEALTH CARE AND RESIDENTIAL PROGRAM	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	N

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U = UNAVAILABLE

MINNESOTA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MINNESOTA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

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<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MINNESOTA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y*
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$49
B. FOR COUPLES	$98
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$0
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	N
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	Y
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$402
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MINNESOTA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	6
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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MINNESOTA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). N

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N*

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. N

2. THE STATE USES A STANDARD OF $13,296. N

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MINNESOTA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MINNESOTA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MINNESOTA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
MINNESOTA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	437.00	532.00	621.00	697.00	773.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	466.00	582.00	709.00	828.00	929.00	N
AGED, BLIND, AND DISABLED (209(B))	420.00	525.00	639.00	746.00	837.00	N
RESOURCE LEVELS						
AFDC RELATED/ALL	3750.00	6450.00	6650.00	6850.00	7100.00	
AGED, BLIND, AND DISABLED (209(B))	3750.00	6450.00	6650.00	6850.00	7100.00	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	N					

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FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MINNESOTA

AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N
DISABILITY LIMITED TO AGE 18 AND OLDER	N
MORE RESTRICTIVE INCOME METHODS	4
MORE RESTRICTIVE RESOURCE METHODS	4
MORE RESTRICTIVE INCOME STANDARDS	Y
URBAN/ALL	
1-PERSON	420.00
2-PERSONS	524.00
3-PERSONS	638.00
4-PERSONS	745.00
5-PERSONS	836.00
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	Y
URBAN/ALL	
1-PERSON	1800.00
2-PERSONS	2700.00
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MINNESOTA

INCOME METHODS	
AFDC RELATED GROUPS	N*
CATEGORICALLY NEEDY	N*
MEDICALLY NEEDY	N*
POVERTY LEVEL GROUPS	N*
METHODS VARY BY CATEGORY	N*
PARENTAL INCOME EXCLUDED	N*
AGED, BLIND AND DISABLED	N*
CATEGORICALLY NEEDY	N*
MEDICALLY NEEDY	N*
POVERTY LEVEL GROUPS	N*
METHODS VARY BY CATEGORY	Y*
RESOURCE METHODS	
AFDC RELATED GROUPS	Y*
CATEGORICALLY NEEDY	Y*
MEDICALLY NEEDY	N*
POVERTY LEVEL GROUPS	N*
METHODS VARY BY CATEGORY	Y*
AGED, BLIND AND DISABLED	Y*
CATEGORICALLY NEEDY	Y*
MEDICALLY NEEDY	N*
POVERTY LEVEL GROUPS	N*
METHODS VARY BY CATEGORY	Y*
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N*
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N*
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N*

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MINNESOTA

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	Y Y
+FEDERALLY QUAL HLTH CTRS	Y Y
+OTHER LAB AND X-RAYS	YL YL
+NF (AGE 21 OR OLDER)	Y Y
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	N N
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	YL YL
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	YL YL
NURSE ANESTHETISTS	YL YL
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL Y
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	Y Y
SPEECH PATHOLOGY/AUDIOLOGY	Y Y
PRIVATE DUTY NURSING	YL YL
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	N N
MENTAL HEALTH CLINIC	YL YL
ALCOHOL & SUB ABUSE CLINIC	YL YL
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	Y Y
END STAGE RENAL DISEASE	N N
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	YL YL
SPEECH DISORDERS	Y Y
HEARING DISORDERS	Y Y
LANGUAGE DISORDERS	Y Y
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	YL YL
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MINNESOTA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	Y Y
SCREENING SERVICES	Y Y
PREVENTIVE SERVICES	Y Y
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	YL YL
ICF/MR	YL YL
INPAT PSYCH (UNDER 21)	YL YL
+NURSE MIDWIFE	Y Y
HOSPICE CARE	YL YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	N N
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	Y Y
+CERT FAM NURSE PRACTITIONER	Y Y
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	Y Y
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	N N
EMERGENCY HOSP SERVICES	N N
PERSONAL CARE SERVICES	N N
TRANSPLANT SERVICES	Y Y

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Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MINNESOTA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y*	N	Y	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y*	NA	Y	Y	Y	Y
ENCOUNTER LENGTH	NA	Y	Y	N*	NA	N	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	NA	N	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N*	NA	N	N	N	N
FEE SCHEDULE?	NA	Y	Y	Y*	NA	Y	Y	Y	Y
STATE DETERMINED?	NA	N	Y	N	NA	Y	Y	N	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	Y	N	Y*	NA	N	N	Y	N
CHARGES-									
MEDICARE	NA	Y	Y	Y*	NA	N	N	Y	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	NA	N	N	N	N
COSTS-									
STATE REASONABLE	NA	Y	Y	Y*	NA	Y	Y	Y	Y
MEDICARE REASONABLE	NA	Y	Y	Y*	NA	N	N	Y	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	1983	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	NA	N	N	N	N
NEVADA	NA	N	N	N	NA	N	N	N	N
OTHER RVS	NA	N	N	N	NA	N	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	NA	N	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.10	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.40	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MINNESOTA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N*	NA	N	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA*	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA*	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA*	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA*	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA*	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA*	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA*	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	Y	N	N*	NA	N	N	N	N
DONATION	NA	N	NA	NA*	NA	NA	NA	NA	NA
TAX	NA	Y	NA	NA*	NA	NA	NA	NA	NA
OTHER	NA	N	NA	NA*	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	Y	NA	NA*	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	Y	NA	NA*	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	N	NA	NA*	NA	NA	NA	NA	NA
NON-MEDICAID	NA	N	NA	NA*	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MINNESOTA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$4054.00*	NA	NA	$78.40	$89.01*
RATE PERIOD-					
BEGINS(MMDDYYYY)	0701	0701	NA	0701	1001
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	N	Y	Y*
RETROSPECTIVE	N	Y	N	N	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y*	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	Y	N	N	N
PER DIEM PLUS ADDITIONS	N	N	N	Y	Y
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	Y	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	Y	N	N	Y	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	Y
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	Y	Y
ANCIL PER DIEM	N	N	N	Y	Y
OTHER ANCIL	N	N	N	Y	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	Y	N	N	Y	N
PEER GROUPING	N	N	N	Y	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	Y
STATE OWNED	N	Y	N	Y	Y
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MINNESOTA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y*	Y*	N	NA	NA
INPT UTIL RATE THRSHLD	N*	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N*	N	N	NA	NA
OTHER DSH DEFINITION	N*	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	Y*	N	NA	NA
SECT 1923(C) (2)	Y	N*	N	NA	NA
SECT 1923(C) (3)	Y	N*	N	NA	NA
SECT 1923(E)	N	N*	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$1.00	$1.00*	NA	NA	NA
MIN PAYMENT PCT%	1.00	1.00*	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N*	N	NA	NA
PROVIDER TAX	N	N*	N	NA	NA
GENERAL TAX	N	N*	N	NA	NA
GENERAL REVENUE FUND	Y	Y*	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N*	N	N	N	N
STATE TAX	Y*	N	N	Y	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N*	N	N	NA	NA
MEDICAID EXPANSION	Y*	N	N	Y	N
OTHER MEDICAID	Y*	N	N	N	N
NON-MEDICAID	N*	N	N	N	N

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U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section Six: NGA 1991 Changes in the Medicaid Program

MINNESOTA

Eligibility

01/91 Minnesota expanded the age limit on the Children's Health Program from 9 to 18.

Mississippi

Characteristics of the Medicaid State Plan as of March 1992

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Governor's Office, Medicaid Division Suite 801, Robert E. Lee Building 239 North Lamar Street Jackson, MS 39201-1399	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: N/A	N
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: DIVISION OF MEDICAID	Y
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSISSIPPI

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y*
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	Y*
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N*
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSISSIPPI

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSISSIPPI

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N*
MEDICALLY NEEDY	N*
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N*
QUALIFIED DISABLED WORKING INDIVIDUALS	N*
MEDICALLY NEEDY	N*
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N*
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N*

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSISSIPPI

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$44
B. FOR COUPLES	$88
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	N
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$218
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSISSIPPI

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	95

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MISSISSIPPI

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$60000

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSISSIPPI

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	N
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21*
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSISSIPPI

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N*
PREGNANT WOMEN	N*
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21*
IN PRIVATE INSTITUTIONS UNDER (AGE)	21*
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21*
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
MISSISSIPPI
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	218.00	293.00	368.00	443.00	518.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSISSIPPI

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSISSIPPI

	CAT/MED 1	
+INPATIENT HOSPITAL	Y	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	YL	N
+FEDERALLY QUAL HLTH CTRS	N	N
+OTHER LAB AND X-RAYS	Y	N
+NF (AGE 21 OR OLDER)	YL	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	Y	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	YL	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	N	N
OPTOMETRISTS	N	N
CHIROPRACTORS	N	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	Y	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	YL	N
+MED SUPP/EQUIP/APPLIANCES	Y	N
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	N	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	N	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	N	N
MENTAL HEALTH CLINIC	N	N
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	Y	N
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH DISORDERS	YL	N
HEARING DISORDERS	YL	N
LANGUAGE DISORDERS	YL	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	N	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSISSIPPI

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	YL	N
SCREENING SERVICES	Y	N
PREVENTIVE SERVICES	YL	N
REHABILITATIVE SERVICES	Y	N
IMD INPAT HOSP (65 OR OLDER)	N	N
IMD NF (65 OR OLDER)	N	N
ICF/MR	Y	N
INPAT PSYCH (UNDER 21)	YL	N
+NURSE MIDWIFE	Y	N
HOSPICE CARE	Y*	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	N	N
TCM - PREGNANT WOMEN	YL	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	N	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	Y	N
+CERT FAM NURSE PRACTITIONER	Y	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	YL	N
NF SERVICES (UNDER 21)	YL	N
EMERGENCY HOSP SERVICES	YL	N
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	Y	N

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MISSISSIPPI NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y*	Y*	Y*	Y*	Y	Y	Y	N	Y*
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y*	Y*	Y*	Y	Y	Y	NA	Y*
ENCOUNTER LENGTH	NA	N*	N*	N	N	N	N	NA	N*
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N*	N*	N*	N	N	N	NA	N*
FEE SCHEDULE?	NA	Y*	Y*	N*	N	Y	Y	NA	Y*
STATE DETERMINED?	NA	N	Y	NA*	NA	Y	Y	NA	Y
UPDATE YEAR	NA	NA	1991*	NA*	NA	1991	1991	NA	1991*
MEDICARE	NA	N*	N*	NA*	NA	N	N	NA	N
CHARGES-									
MEDICARE	NA	N*	N*	N*	Y	N	N	NA	N*
PERCENT BILLED:%	NA	79.00	NA	NA	100.00	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	N	N	NA	N
COSTS-									
STATE REASONABLE	NA	N*	N*	N*	N	N	N	NA	N*
MEDICARE REASONABLE	NA	N*	N*	N*	Y	N	N	NA	N*
PERCENT BILLED	NA	0.00	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	Y	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	N*	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.91*	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.91*	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MISSISSIPPI NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N*	N*	N*	N*	N	N	N	NA	N*
MIN PAYMENT AMOUNT	NA*	NA*	NA*	NA*	NA	NA	NA	NA	NA*
MIN PAYMENT PERCENT	NA*	NA*	NA*	NA*	NA	NA	NA	NA	NA*
DS FUNDING SOURCE-									
PROVIDER DONATION	NA*	NA*	NA*	NA*	NA	NA	NA	NA	NA*
PROVIDER TAX	NA*	NA*	NA*	NA*	NA	NA	NA	NA	NA*
GENERAL TAX	NA*	NA*	NA*	NA*	NA	NA	NA	NA	NA*
GENERAL REVENUE FUND	NA*	NA*	NA*	NA*	NA	NA	NA	NA	NA*
OTHER FUNDING	NA*	NA*	NA*	NA*	NA	NA	NA	NA	NA*
DONATIONS AND TAXES PROGRAM?	Y*	Y*	Y*	Y*	N	Y	Y	NA	Y*
DONATION	N*	Y*	N*	N*	NA	N	N	NA	N*
TAX	Y*	Y*	Y*	Y*	NA	Y	Y	NA	Y*
OTHER	Y*	N	N	N	NA	N	N	NA	N
USE OF PROCEEDS-									
DS PAYMENTS	N	N*	N*	N*	NA	N	N	NA	N*
MEDICAID EXPANSION	N	N*	N*	N*	NA	N	N	NA	N*
OTHER MEDICAID	N	N*	N*	N*	NA	N	N	NA	N*
NON-MEDICAID	N	N*	N*	N*	NA	N	N	NA	N*

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MISSISSIPPI INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$422.43	NA	NA	$88.46	$97.86
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	NA	NA	1001	1001
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	N	Y	Y
RETROSPECTIVE	N	N	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	N
PER DIEM PLUS ADDITIONS	Y	N	N	Y	Y
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	N	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	N	N	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	Y	N	N	Y	Y
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MISSISSIPPI INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	N	N	NA	NA
LOW INC UTIL RT THRSHLD	Y	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N	N	N	NA	NA
SECT 1923(C)(2)	Y	N	N	NA	NA
SECT 1923(C)(3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	4.00	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	Y	N	N	NA	NA
PROVIDER TAX	Y	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	Y	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	Y	N	N	N	N
STATE TAX	Y	N	N	Y	Y
OTHER PROGRAM TYPE	Y	N	N	N	Y
USE OF PROCEEDS-					
DSH PAYMENTS	Y	N	N	NA	NA
MEDICAID EXPANSION	Y	N	N	Y	Y
OTHER MEDICAID	Y	N	N	Y	N
NON-MEDICAID	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MISSISSIPPI

General

06/91 Mississippi Medicaid increased reimbursement by 5% to all institutional providers except those already reimbursed at full cost.

Inpatient Hospital Services

06/91 Mississippi Medicaid increased reimbursement by 5% to all institutional providers except those already reimbursed at full cost.

Lab and X-Ray Services

05/91 Mississippi Medicaid now limits sonograms to three per pregnancy. Additional sonograms are available with a physician's statement.

Prescribed Drugs

01/91 Mississippi Medicaid removed the prior authorization requirement for multiple source drugs.

Family Planning Services

04/91 Mississippi Medicaid added coverage of subdermal implants for long term contraception.

Service	Fee
Subdermal implants and professional fee	$399.25
Removal of subdermal implant	59.25

Durable Medical Equipment and Supplies

03/91 Mississippi established a maximum reimbursement of $55 per day for home uterine monitors, including all contacts, transmissions, tracing, interpretations, records and reports.

06/91 Mississippi Medicaid added coverage of ostomy supplies.

Nursing Facility Services

06/91 Mississippi Medicaid increased reimbursement by 5% to all institutional providers except those already reimbursed at full cost.

Missouri

Characteristics of the Medicaid State Plan as of March 1992

Missouri is a 209(b) State

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Social Services P.O. Box 1527 Jefferson City, MO 65102	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	Y
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
MEDICAL SERVICES SECTION	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MISSOURI

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	Y
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	N

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSOURI

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	N
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	U

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSOURI

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSOURI

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSOURI

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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MISSOURI

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	N
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	100
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSOURI

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	N
INDIVIDUALS IN HCBSWS	N
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSOURI

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	18
IN ICFS/MR UNDER (AGE)	18
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	Y
DISABLED	N
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
MISSOURI
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	136.00	234.00	292.00	342.00	388.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSOURI

AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N
DISABILITY LIMITED TO AGE 18 AND OLDER	Y
MORE RESTRICTIVE INCOME METHODS	N
MORE RESTRICTIVE RESOURCE METHODS	4
MORE RESTRICTIVE INCOME STANDARDS	Y
URBAN/ALL	
1-PERSON	422.00
2-PERSONS	633.00
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	Y
URBAN/ALL	
1-PERSON	1000.00
2-PERSONS	2000.00
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSOURI

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSOURI

	CAT/MED 1	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	YL	N
+FEDERALLY QUAL HLTH CTRS	YL	N
+OTHER LAB AND X-RAYS	YL	N
+NF (AGE 21 OR OLDER)	YL	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	YL	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	YL	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	N	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	N	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	YL	N
+MED SUPP/EQUIP/APPLIANCES	YL	N
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	N	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	YL	N
MENTAL HEALTH CLINIC	YL	N
ALCOHOL & SUB ABUSE CLINIC	YL	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	YL	N
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	N	N
OCCUPATIONAL THERAPY	N	N
SPEECH DISORDERS	N	N
HEARING DISORDERS	N	N
LANGUAGE DISORDERS	N	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	YL	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MISSOURI

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	N	N
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	YL	N
IMD INPAT HOSP (65 OR OLDER)	YL	N
IMD NF (65 OR OLDER)	YL	N
ICF/MR	YL	N
INPAT PSYCH (UNDER 21)	YL	N
+NURSE MIDWIFE	YL	N
HOSPICE CARE	YL	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	YL	N
TCM - CHRON MENTALLY ILL	N	N
TCM - PREGNANT WOMEN	YL	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	YL	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	Y	Y
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	YL	N
+CERT FAM NURSE PRACTITIONER	YL	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	YL	N
EMERGENCY HOSP SERVICES	N	N
PERSONAL CARE SERVICES	YL	N
TRANSPLANT SERVICES	Y	N

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Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MISSOURI NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	NA	N	Y	Y
ENCOUNTER LENGTH	NA	N	Y	N	N	NA	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	N	N
FEE SCHEDULE?	NA	N	Y	Y	N	NA	Y	Y	Y
STATE DETERMINED?	NA	NA	Y	Y	NA	NA	N	Y	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	NA	NA	N	N	N
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	Y	N	Y	N	NA	N	N	N
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	NA	N	N	N
MEDICARE REASONABLE	NA	N	N	N	Y	NA	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	N	N
NEVADA	NA	N	N	N	N	NA	N	N	N
OTHER RVS	NA	N	N	N	N	NA	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.43	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MISSOURI NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MISSOURI INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$478.47	$277.00	NA	$52.79	$115.86*
RATE PERIOD-					
BEGINS(MMDDYYYY)	07011991	07011991	NA	0701	07011991
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	N	Y	Y
RETROSPECTIVE	N	N	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	Y	Y	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	Y	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	Y
OTHER CLASSIFICATION	N	N	N	N	Y

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MISSOURI INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	25.00	25.00	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	Y	Y	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	Y	Y	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	N	NA	NA
MEDICAID EXPANSION	Y	Y	N	N	N
OTHER MEDICAID	Y	Y	N	N	N
NON-MEDICAID	Y	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MISSOURI

Inpatient Hospital Services

07/91 Missouri expanded the length of stay to include all days for infants and children less than six in disproportionate share hospitals.

06/91 Missouri no longer uses a length of stay schedule especially for pediatrics.

07/91 Missouri limited inpatient hospital crossovers to not exceed Medicaid payment amounts.

10/91 Missouri added coverage of lung transplants on a case-by-case basis when prior authorized.

Dentist Services

02/91 Missouri Medicaid has limited dental services for beneficiaries age 21 and over to specifically identified emergency and pain relief services.

Prescribed Services

01/91 Missouri Medicaid exempted beneficiaries residing in nursing homes from the pharmacy program's five prescription limit.

04/91 Missouri temporarily eliminated the five prescription limitation beginning April 1, 1991 until criteria are developed to identify the products exempt from the limitation.

01/91 Missouri Medicaid added coverage of insulin injections as an emergency treatment in a physician's office. This service will be reimbursed at the following rates:

Insulin U-100 standard	$1.74 per cc
Insulin U-100 pork or beef	2.69 per cc
Insulin U-100 human	2.13 per cc

09/91 Missouri Medicaid reimbursement for pharmacy claims will now be determined by applying the following methodology. Payment will be made at the lower of:

A. Average wholesale price (AWP) less 10.43% plus professional dispensing fee;

B. Applicable Federal upper limit plus professional dispensing fee;

C. Applicable Missouri maximum allowable cost (MAC) plus professional dispensing fee; or

D. Usual and customary charges.

The dispensing fee has been increased from $3.15 to $4.09 per prescription.

09/91 Missouri Medicaid no longer covers nutritional supplements such as Sustecal and Ensure, and infant formulas such as Enfamil and Similac. Federal interpretation is that these are food products rather than drug products. These supplements and formulas continue to be available through the Missouri Medicaid Exception Process.

Family Planning Services

06/91 Missouri Medicaid added coverage of Norplant.

Description	Amount
Device Only	$350.00
Insertion only	120.00
Insertion, including device	470.00
Removal	100.00

EPSDT and Maternal and Infant Health Services

04/91 Missouri expanded the criteria for entry into the case management program for pregnant women to include psychosocial risk factors.

05/91 Missouri Medicaid increased reimbursement for a full EPSDT screen to $60.00.

Rehabilitative Services

07/91 Missouri no longer covers alcohol or drug rehabilitation as either inpatient or outpatient services under the hospital program. However, Medicaid will cover alcohol and drug rehabilitation services through a newly created program called Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR).

Transportation Services

01/91 Missouri Medicaid no longer requires medical necessity documentation for transportation claims over 70 miles.

Nursing Facility Services

01/91 Missouri Medicaid exempted beneficiaries residing in nursing homes from the pharmacy program's five prescription limit.

Home Health Services

11/91 Missouri increased the maximum allowable fee for home health services to $57.37 per visit.

Case Management

04/91 Missouri expanded the criteria for entry into the case management program for pregnant women to include psychosocial risk factors.

Montana

Characteristics of the Medicaid State Plan as of March 1992

Montana covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Social and Rehabilitation Services P.O. Box 4210 111 North Sanders Helena, MT 59604-4210	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
ECONOMIC ASSISTANCE DIVISION	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MONTANA

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MONTANA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MONTANA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MONTANA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$40
B. FOR COUPLES	$80
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	MN
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$407
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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MONTANA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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MONTANA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). N

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. N

2. THE STATE USES A STANDARD OF $13,296. N

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

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U = UNAVAILABLE
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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MONTANA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	Y
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	N
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MONTANA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	19
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MONTANA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	N
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
MONTANA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	232.00	311.00	390.00	469.00	548.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	407.00	417.00	443.00	469.00	548.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3100.00	3200.00	3300.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	N					

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MONTANA

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MONTANA

	CAT/MED	
+INPATIENT HOSPITAL	YL	YL
+OUTPATIENT HOSPITAL	YL	YL
+RURAL HEALTH CLINICS	YL	YL
+FEDERALLY QUAL HLTH CTRS	YL	YL
+OTHER LAB AND X-RAYS	YL	YL
+NF (AGE 21 OR OLDER)	YL	YL
+EPSDT	Y	Y
+FAM PLANNING & SUPPLIES	YL	YL
+PHYSICIAN SERVICES	YL	YL
+MED/SURG SERV OF A DENTIST	YL	YL
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	YL
OPTOMETRISTS	YL	YL
CHIROPRACTORS	N	N
PSYCHOLOGISTS	YL	YL
MEDICAL SOCIAL WORKERS	YL	YL
NURSE ANESTHETISTS	YL	YL
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	YL
+HOME HEALTH AIDE	YL	YL
+MED SUPP/EQUIP/APPLIANCES	YL	YL
PHYSICAL THERAPY	YL	YL
OCCUPATIONAL THERAPY	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL	YL
PRIVATE DUTY NURSING	YL	YL
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	YL	YL
MENTAL HEALTH CLINIC	YL	YL
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	YL	YL
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	YL
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	YL
OCCUPATIONAL THERAPY	YL	YL
SPEECH DISORDERS	YL	YL
HEARING DISORDERS	YL	YL
LANGUAGE DISORDERS	YL	YL
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	YL
DENTURES	YL	YL
PROSTHETIC DEVICES	YL	YL
EYEGLASSES	YL	YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

MONTANA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL
SCREENING SERVICES	YL
PREVENTIVE SERVICES	YL
REHABILITATIVE SERVICES	YL
IMD INPAT HOSP (65 OR OLDER)	YL
IMD NF (65 OR OLDER)	YL
ICF/MR	YL
INPAT PSYCH (UNDER 21)	YL
+NURSE MIDWIFE	YL
HOSPICE CARE	YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N
TCM - CHRON MENTALLY ILL	YL
TCM - PREGNANT WOMEN	YL
TCM - AIDS	N
TCM - HIV POSITIVE	N
TCM - DEVELOP DISABLED	YL
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	YL
RESPIRATORY CARE SERVICES	N
+CERT PED NURSE PRACTITIONER	YL
+CERT FAM NURSE PRACTITIONER	YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL
CHRISTIAN SCI NURSES	N
CHRISTIAN SCI SANITORIUMS	N
NF SERVICES (UNDER 21)	YL
EMERGENCY HOSP SERVICES	YL
PERSONAL CARE SERVICES	YL
TRANSPLANT SERVICES	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MONTANA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	N	Y	Y	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	Y	NA	Y	Y	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	NA	N	N	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	NA	N	N	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	NA	N	N	N	N	N
FEE SCHEDULE?	NA	N	Y	NA	N	Y	Y	Y	Y
STATE DETERMINED?	NA	NA	Y	NA	NA	Y	Y	Y	Y
UPDATE YEAR	NA	NA	1991	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	Y	NA	NA	N	N	Y	Y
CHARGES-									
MEDICARE	NA	N	Y	NA	N	N	N	Y	Y
PERCENT BILLED:%	NA	NA	65.20	NA	NA	65.20	65.20	65.20	65.20
OTHER CHARGES	NA	N	Y	NA	N	Y	Y	Y	Y
COSTS-									
STATE REASONABLE	NA	N	N	NA	Y	N	N	N	N
MEDICARE REASONABLE	NA	Y	N	NA	N	N	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	NA	N	N	N	N	N
NEVADA	NA	N	N	NA	N	N	N	N	N
OTHER RVS	NA	N	N	NA	N	N	N	N	N
OTHER PAYMENT METHOD	NA	N	N	NA	N	Y	Y	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MONTANA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	NA	N	N	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	NA	N	N	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

MONTANA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$1471.31	$312.92	$832.23	$63.22	$197.37
RATE PERIOD-					
BEGINS(MMDDYYYY)	07011991	07011991	07011991	07011991	07011991
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	N	Y	N
RETROSPECTIVE	N	Y	Y	N	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	N
PER DIEM PLUS ADDITIONS	N	N	N	Y	Y
PER DISCHARGE	N	Y	Y	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	Y	N
DRI REGIONAL	N	N	N	N	Y
HCFA MARKET BASKET	Y	N	Y	N	Y
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	Y	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	N	Y	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	Y	Y
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	Y	N	N	N	N
PEER GROUPING	N	N	N	N	Y
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	Y	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	Y	N	N

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MONTANA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	Y	Y	Y	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	4.00	4.00	4.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	Y	Y	Y	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N*	N*
STATE TAX	N	N	N	Y*	N*
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	Y*	N*
OTHER MEDICAID	N	N	N	N*	N*
NON-MEDICAID	N	N	N	Y*	N*

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

MONTANA

General

02/91 Montana added a new provider type, Medical Assistance Facilities (MAF). These facilities will operate as part of a U.S. Department of Health and Human Services Demonstration project which was authorized by OBRA 90.

Inpatient Hospital Services

12/91 Montana implemented coverage of autologous bone marrow transplants and liver transplants for adults. Liver transplants had previously been limited to individuals 18 years of age or younger.

Clinic Services

07/91 Montana added Federally Qualified Health Centers as a provider.

Physician Services

10/91 Montana Medicaid increased reimbursement for obstetrical services to 85% of Blue Cross Blue Shield allowable. Reimbursement for pediatric services was increased to 80% of Blue Cross Blue Shield allowable.

Psychologist Services

07/91 Montana added licensed professional counselors as a provider. Coverage is limited to 22 hours per fiscal year per beneficiary. This limit is shared with psychologists and licensed clinical social workers.

Family Planning Services

07/91 Montana added coverage of Norplant as a family planning service.

EPSDT and Maternal and Infant Health Services

01/91 Montana added coverage of nutrition services and pharmaceutical drugs approved for use under investigational status by the FDA for EPSDT beneficiaries.

01/91 Montana revised reimbursement to nurse practitioners. Now nurse practitioners will receive the same level of reimbursement as physicians when performing EPSDT screens.

Transportation Services

07/91 Montana Medicaid revised reimbursement for ambulance services. The reimbursement rate was increased for general ambulance services and ambulance services involving advance life support features, and allowed reimbursement for medical equipment and supplies.

Nursing Facility Services

07/91 Montana Medicaid rebased the system of reimbursement for nursing facilities to a more current cost level.

07/91 Montana legislature passes a $1.00 per day utilization on nursing facility beds occupied by residents paid for by a third party (i.e., Medicaid, Medicare or insurance). Funds collected will be deposited into the general fund.

Inpatient Psychiatric Services For Individuals Under 21

07/91 Montana removed previous restrictions in the definition of the type of facility which can be a residential treatment provider under the inpatient psychiatric services for individuals under 21 category. These restrictions provided that: 1) the facility be non-profit; 2) have at least 30 beds; and, 3) be non-hospital based.

Home Health Services

09/91 Montana Medicaid eliminated the prior authorization requirement on home health services exceeding $400 per month.

Case Management

07/91 Montana Medicaid added case management services for high-risk pregnant women, chronically mentally ill adults, and persons age 16 and over with developmental disabilities.

Eligibility

01/91 Montana added presumptive and continuous eligibility for pregnant women.

Nebraska

Characteristics of the Medicaid State Plan as of March 1992

Nebraska covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Social Services 301 Centennial Mall South, 5th Floor Lincoln, NE 68509	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
DIVISION OF MEDICAL SERVICES	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEBRASKA

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEBRASKA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEBRASKA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEBRASKA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$40
B. FOR COUPLES	$80
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	MN
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$165
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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NEBRASKA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	U
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	100

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NEBRASKA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). — N

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). — N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). — $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. — N

2. THE STATE USES A STANDARD OF $13,296. — N

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: — $13740

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEBRASKA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	N
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEBRASKA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	20
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEBRASKA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
NEBRASKA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	222.00	293.00	364.00	435.00	506.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	392.00	392.00	492.00	584.00	675.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	4000.00	6000.00	6025.00	6050.00	6075.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	N					

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NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEBRASKA

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEBRASKA

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	YL YL
+FEDERALLY QUAL HLTH CTRS	YL YL
+OTHER LAB AND X-RAYS	Y Y
+NF (AGE 21 OR OLDER)	YL YL
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	YL YL
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	Y Y
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	Y Y
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y Y
MENTAL HEALTH CLINIC	YL YL
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	Y Y
END STAGE RENAL DISEASE	Y Y
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH DISORDERS	YL YL
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	YL YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	YL YL
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEBRASKA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	YL YL
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	N N
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	Y Y
ICF/MR	YL YL
INPAT PSYCH (UNDER 21)	Y Y
+NURSE MIDWIFE	YL YL
HOSPICE CARE	N N
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	N N
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	YL YL
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	YL YL
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	Y Y
+CERT FAM NURSE PRACTITIONER	Y Y
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	Y Y
EMERGENCY HOSP SERVICES	Y Y
PERSONAL CARE SERVICES	YL YL
TRANSPLANT SERVICES	Y Y

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

NEBRASKA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	N	N
FEE SCHEDULE?	NA	N	Y	Y	N	Y	Y	Y	Y
STATE DETERMINED?	NA	NA	Y	N	NA	N	Y	Y	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	Y	NA	N	N	N	N
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	Y	N	Y	N	Y	Y	N	N
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	N	N	N	N
MEDICARE REASONABLE	NA	N	N	N	Y	N	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	N	N
NEVADA	NA	N	N	N	N	N	N	N	N
OTHER RVS	NA	N	N	N	N	N	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	Y	N	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	8.71	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$2.82	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$5.05	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NEBRASKA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NEBRASKA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$607.54	$400.72	$268.05	$49.19	$121.67
RATE PERIOD-					
BEGINS(MMDDYYYY)	07011991	07011991	07011991	07011991	01011992
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	Y	N	Y
RETROSPECTIVE	N	N	N	Y	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	Y	Y	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	Y	Y	Y	N	N
CONSUMER PRICE INDEX	N	N	N	N	Y
OTHER TREND INDEX	N	N	N	Y	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NEBRASKA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	Y	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	25.00	25.00	25.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NEBRASKA

Physician Services

01/91 Nebraska expanded coverage services for non-eligible pregnant women if the baby is determined to be eligible. Covered services are pregnancy related, prenatal, delivery, postpartum (through 60 days) and family planning.

Nurse Practitioner, Midwife, Physician Extender Services

01/91 Nebraska now covers certified pediatric nurse practitioners and certified family nurse practitioners. Reimbursement for their services is made at the lower of the providers' submitted charge or a percentage of the amount allowable under the Nebraska Medicaid Practitioner Fee Schedule.

Optometrist Services

09/91 Nebraska removed prior authorization requirements for routine visual care services, removed 2-year limits on frames and lenses, and converted to HCPCS procedure codes for visual care services.

Durable Medical Equipment and Supplies

03/91 Nebraska now covers an expanded list of durable medical equipment, most of which require prior authorization accompanied by a physician's prescription. All DMEs for clients residing in nursing facilities and ICFs/MR, except orthotic and prosthetic items, require prior authorization.

Nursing Facility Services

03/91 Nebraska now covers an expanded list of durable medical equipment, most of which require prior authorization accompanied by a physician's prescription. All DMEs for clients residing in nursing facilities and ICFs/MR, except orthotic and prosthetic items, require prior authorization.

Home Health Services

09/91 Nebraska implemented a home and community- based model waiver for children with mental retardation and their families.

Personal Care Services

09/91 Nebraska now covers personal care services under its home and community-based waiver as a component of core services when the provider is a non-legally responsible relative.

Case Management

03/91 Nebraska now requires case management providers to have at least one documented contact with the client per month.

09/91 Nebraska implemented a home and community-based model waiver for children with mental retardation and their families.

Eligibility

01/91 Nebraska no longer requires that unearned income be considered when determining eligibility for transitional medical assistance.

Nevada

Characteristics of the Medicaid State Plan as of March 1992

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Human Resources Kinkead Building-Capitol Complex, Room 600 505 East King Street Carson City, NV 89710	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
WELFARE DIVISION	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEVADA

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEVADA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	N
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	N
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	N
DUAL ELIGIBLES	N
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	N
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEVADA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	U
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEVADA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$35
B. FOR COUPLES	$0
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	N
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$0
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEVADA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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NEVADA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	N
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	Y
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEVADA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	U
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	U
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	U
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	U
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEVADA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	U
CARETAKER RELATIVES	N
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	U
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	19
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	19
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	19
IN NFS UNDER (AGE)	U
IN ICFS/MR UNDER (AGE)	19
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	19
CARETAKER RELATIVES	U
PREGNANT WOMEN	U
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	U
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
NEVADA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	246.00	309.00	372.00	435.00	498.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEVADA

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
PARENTAL INCOME EXCLUDED	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	Y
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEVADA

	CAT/MED 1	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	YL	N
+FEDERALLY QUAL HLTH CTRS	YL	N
+OTHER LAB AND X-RAYS	Y	N
+NF (AGE 21 OR OLDER)	Y	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	Y	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	YL	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	YL	N
PSYCHOLOGISTS	YL	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	YL	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	YL	N
+MED SUPP/EQUIP/APPLIANCES	YL	N
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	YL	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	Y	N
MENTAL HEALTH CLINIC	Y	N
ALCOHOL & SUB ABUSE CLINIC	YL	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	Y	N
END STAGE RENAL DISEASE	Y	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH DISORDERS	YL	N
HEARING DISORDERS	YL	N
LANGUAGE DISORDERS	YL	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	YL	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEVADA

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	YL	N
PREVENTIVE SERVICES	YL	N
REHABILITATIVE SERVICES	YL	N
IMD INPAT HOSP (65 OR OLDER)	YL	N
IMD NF (65 OR OLDER)	YL	N
ICF/MR	YL	N
INPAT PSYCH (UNDER 21)	YL	N
+NURSE MIDWIFE	YL	N
HOSPICE CARE	N	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	YL	N
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	YL	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	N	N
RESPIRATORY CARE SERVICES	YL	N
+CERT PED NURSE PRACTITIONER	YL	N
+CERT FAM NURSE PRACTITIONER	YL	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	YL	N
EMERGENCY HOSP SERVICES	Y	N
PERSONAL CARE SERVICES	YL	N
TRANSPLANT SERVICES	Y	N

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

NEVADA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	N	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	NA	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	Y	N	N	NA	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	NA	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	NA	N	N	NA	N
FEE SCHEDULE?	NA	Y	Y	Y	NA	Y	Y	NA	Y
STATE DETERMINED?	NA	Y	Y	Y	NA	Y	Y	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	Y	Y	N	NA	N	N	NA	N
CHARGES-									
MEDICARE	NA	Y	Y	N	NA	N	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	2.00	NA	NA	NA
OTHER CHARGES	NA	N	N	N	NA	N	N	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	NA	Y	N	NA	N
MEDICARE REASONABLE	NA	N	N	N	NA	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	Y	Y	Y	NA	N	Y	NA	N
NEVADA	NA	N	N	N	NA	Y	N	NA	N
OTHER RVS	NA	N	N	N	NA	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	NA	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.84	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$16.80	NA	NA	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	NA	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	NA	N	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NEVADA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$4336.00	$95.56	NA	$56.04	NA
RATE PERIOD-					
BEGINS(MMDDYYYY)	0701	0701	NA	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	N	U*	N
RETROSPECTIVE	N	Y	N	U*	Y
OTHER METHOD	N	N	N	Y*	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	U*	N
PER DIEM PLUS ADDITIONS	N	N	N	U*	Y
PER DISCHARGE	N	N	N	U*	N
PER CASE	N	N	N	U*	N
PER ADMISSION	N	N	N	U*	N
CASE MIX PER DIEM	N	N	N	U*	N
OTHER UNIT	Y	Y	N	N	Y
TREND INDEX-					
DRI NATIONAL	N	N	N	U*	N
DRI REGIONAL	N	N	N	U*	N
HCFA MARKET BASKET	Y	N	N	U*	N
CONSUMER PRICE INDEX	N	N	N	U*	Y
OTHER TREND INDEX	N	N	N	Y	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	U*	Y
ANCIL PER DIEM	N	N	N	U*	N
OTHER ANCIL	N	N	N	N	Y
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y	N	U*	N
RESERVED BED DAYS	N	N	N	U*	Y
OTHER SERVICES	N	N	N	Y	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	U*	Y
PEER GROUPING	N	N	N	U*	N
HIGH/LOW COST	Y	N	N	U*	N
NUMBER OF BEDS	N	N	N	U*	N
STATE OWNED	N	N	N	U*	N
OTHER CLASSIFICATION	N	Y	N	N	Y

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NEVADA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	Y	N	NA	NA
LOW INC UTIL RT THRSHLD	Y	Y	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	0.10	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	Y	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	U*	N
STATE TAX	Y	N	N	U*	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	U*	N
OTHER MEDICAID	N	N	N	U*	N
NON-MEDICAID	N	N	N	U*	N

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U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NEVADA

General

07/91 Nevada increased Medicaid reimbursement rates to non-institutional providers by 12%.

Inpatient Hospital Services

10/91 Nevada now reimburses the actual cost of corneal tissue up to $1,100. Purchase must be in conjunction with a corneal transplant procedure, and the invoice from the tissue supplier must be submitted with the claim. Payment shall be in addition to the facility fee.

Nurse Practitioner, Midwife, Physician Extender Services

09/91 Nevada now allows physician assistants to enroll as Medicaid providers. The service limitations are the same as those that apply to physician/clinic visits.

Other Practitioner Services

04/91 Nevada Medicaid now covers prior authorized respiratory therapy services, when provided in qualified nursing facilities or in the home.

Psychologist Services

12/91 Nevada reimburses for acute psychiatric admissions of individuals under 21 years of age when they are referred as a result of EPSDT screening and authorized by peer review.

Family Planning Services

03/91 Nevada Medicaid added coverage of birth control implants (Norplant).

Service	Fee
Supplies and materials	$350.00
Minor Surgery/Implant	96.00
Exam	23.36

Substance Abuse Services

12/91 Nevada reimburses for Nevada Peer Review authorized substance abuse treatment: up to five days hospital detoxification and up to 28 hospital days if certain criteria are met for substance abuse treatment (once in a lifetime unless patient is under 21 years of age, which would require EPSDT and referral).

Prosthetic Devices and Supplies

05/91 Nevada no longer requires dual eligibles to obtain prior authorization for orthotics and prosthetics covered by Medicare.

Durable Medical Equipment and Supplies

01/91 Nevada now allows nursing facilities to receive respiratory supplies used by ventilator dependent nursing facility residents. Reimbursement for this service is $52.08.

Case Management

07/91 Nevada added targeted case management services for developmentally delayed infants and toddlers.

Other Approaches

07/91 Nevada's Legislature passed a bill imposing two provider taxes, one on hospitals and one on other non-institutional providers. The tax rate is not a straight percentage of Medicaid payments, but a fixed amount for each procedure based on medians of the providers usual and customary charges. Provider reimbursement rates will be increased by an amount equal to the tax. Medicaid will continue to pay the lesser of billed charges or Medicaid maximum rates.

New Hampshire

Characteristics of the Medicaid State Plan as of March 1992

New Hampshire is a 209(b) State and covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Health and Human Services 6 Hazen Drive Concord, NH 03301-6505	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
OFFICE OF MEDICAL SERVICES	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW HAMPSHIRE

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW HAMPSHIRE

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	Y
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	Y

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW HAMPSHIRE

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	18
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	18
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW HAMPSHIRE

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$40
B. FOR COUPLES	$0
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$243
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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NEW HAMPSHIRE

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	100

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NEW HAMPSHIRE

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	100
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	Y
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW HAMPSHIRE

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	19
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW HAMPSHIRE

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	19
IN PRIVATE INSTITUTIONS UNDER (AGE)	19
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	19
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	19
OTHER GROUPS UNDER (AGE)	19
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	18
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW HAMPSHIRE

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	19
IN FOSTER HOMES UNDER (AGE)	19
IN PRIVATE INSTITUTIONS UNDER (AGE)	19
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	19
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	19
OTHER GROUPS UNDER (AGE)	19

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
NEW HAMPSHIRE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	388.00	451.00	516.00	575.00	631.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	436.00	608.00	616.00	623.00	631.00	N
AGED, BLIND, AND DISABLED (209(B))	436.00	608.00	616.00	623.00	631.00	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2500.00	4000.00	4000.00	4000.00	4000.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	1					

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NA = NOT APPLICABLE

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW HAMPSHIRE

AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	Y
DISABILITY LIMITED TO AGE 18 AND OLDER	Y
MORE RESTRICTIVE INCOME METHODS	2
MORE RESTRICTIVE RESOURCE METHODS	1
MORE RESTRICTIVE INCOME STANDARDS	Y
URBAN/ALL	
1-PERSON	421.00
2-PERSONS	608.00
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	Y
URBAN/ALL	
1-PERSON	1500.00
2-PERSONS	1500.00
3-PERSONS	1500.00
4-PERSONS	1500.00
5-PERSONS	1500.00
RURAL VARIANCES EXIST	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW HAMPSHIRE

	CAT/MED
+INPATIENT HOSPITAL	YL
+OUTPATIENT HOSPITAL	YL
+RURAL HEALTH CLINICS	Y
+FEDERALLY QUAL HLTH CTRS	Y
+OTHER LAB AND X-RAYS	YL
+NF (AGE 21 OR OLDER)	YL
+EPSDT	Y
+FAM PLANNING & SUPPLIES	YL
+PHYSICIAN SERVICES	YL
+MED/SURG SERV OF A DENTIST	Y
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL
OPTOMETRISTS	YL
CHIROPRACTORS	YL
PSYCHOLOGISTS	YL
MEDICAL SOCIAL WORKERS	N
NURSE ANESTHETISTS	N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL
+HOME HEALTH AIDE	YL
+MED SUPP/EQUIP/APPLIANCES	YL
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL
PRIVATE DUTY NURSING	YL
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y
MENTAL HEALTH CLINIC	YL
ALCOHOL & SUB ABUSE CLINIC	N
BIRTHING CENTER	N
AMBULATORY SURGICAL CENTER	N
END STAGE RENAL DISEASE	N
MR/DAY TREATMENT	N
DENTAL SERVICES	YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	YL
SPEECH DISORDERS	YL
HEARING DISORDERS	YL
LANGUAGE DISORDERS	YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL
DENTURES	N
PROSTHETIC DEVICES	YL
EYEGLASSES	YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW HAMPSHIRE

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL YL
SCREENING SERVICES	YL YL
PREVENTIVE SERVICES	YL YL
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	YL YL
IMD NF (65 OR OLDER)	YL YL
ICF/MR	YL YL
INPAT PSYCH (UNDER 21)	YL YL
+NURSE MIDWIFE	Y Y
HOSPICE CARE	N N
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	YL YL
TCM - CHRON MENTALLY ILL	YL YL
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	YL YL
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	YL YL
+CERT FAM NURSE PRACTITIONER	YL YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	YL YL
EMERGENCY HOSP SERVICES	YL YL
PERSONAL CARE SERVICES	YL YL
TRANSPLANT SERVICES	Y Y

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

NEW HAMPSHIRE NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	Y	N	N	NA	N
FEE SCHEDULE?	NA	Y	Y	Y	Y	Y	Y	NA	Y
STATE DETERMINED?	NA	N	Y	Y	N	Y	N	NA	Y
UPDATE YEAR	NA	NA	1991	1991	NA	1991	NA	NA	1991
MEDICARE	NA	Y	N	N	Y	N	Y	NA	N
CHARGES-									
MEDICARE	NA	Y	N	N	Y	N	Y	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	N	N	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	N	N	NA	N
MEDICARE REASONABLE	NA	Y	Y	Y	Y	Y	Y	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.25	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$3.65	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NEW HAMPSHIRE NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NEW HAMPSHIRE INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$3364.00	NA	NA	$92.53	NA
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	NA	NA	1101	NA
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	N	Y	N
RETROSPECTIVE	N	N	N	Y	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	Y	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	Y	Y
OTHER TREND INDEX	Y	Y	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	Y
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	Y	N
STATE OWNED	N	N	N	N	Y
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NEW HAMPSHIRE INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	Y	Y	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	N	Y	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	N	Y	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	Y	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	N	N	NA	NA
MEDICAID EXPANSION	Y	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NEW HAMPSHIRE

General

04/91 New Hampshire increased the mandatory income eligibility level for poverty level pregnant women and children.

Eligibility

04/91 New Hampshire increased the mandatory income eligibility level for poverty level pregnant women and children.

01/91 New Hampshire increased the standard of need for adults in independent living arrangements by 5.4%.

07/91 New Hampshire increased to six months the maximum redetermination/certification period which may be assigned to AFDC-related medical assistance.

New Jersey

Characteristics of the Medicaid State Plan as of March 1992

New Jersey covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS: — Y

1. Department of Human Services
   Capitol Place One CN-700, 5th Floor
   222 South Warren Street
   Trenton, NJ 08625

2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: — N

   N/A

3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C). — N

B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).

1. AFDC RELATED MEDICAID ONLY GROUPS:
   - A. THE TITLE IV-A AGENCY — Y
   - B. THE TITLE XIX AGENCY — N

2. SSI RECIPIENTS:
   - A. THE IV-A AGENCY — N
   - B. THE SOCIAL SECURITY ADMINISTRATION — Y
   - C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS — N
   - D. THE TITLE XIX AGENCY — N

3. AGED, BLIND, AND DISABLED MEDICAID ONLY:
   - A. THE TITLE IV-A AGENCY — Y
   - B. THE TITLE XIX AGENCY — Y
   - C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND — N

C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: — Y

   DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3). — Y

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NEW JERSEY

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	N

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW JERSEY

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	U
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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U = UNAVAILABLE

NEW JERSEY

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW JERSEY

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$35
B. FOR COUPLES	$70
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$162
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$150

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW JERSEY

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	N

E. STANDARDS AND METHODS

1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	100

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NEW JERSEY

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	Y
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	U

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW JERSEY

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	U
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	U
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW JERSEY

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW JERSEY

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	N
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
NEW JERSEY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	162.00	322.00	424.00	488.00	552.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	350.00	433.00	566.00	658.00	741.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	4000.00	6000.00	6100.00	6200.00	6300.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	6					

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW JERSEY

	CAT/MED	
+INPATIENT HOSPITAL	YL	YL
+OUTPATIENT HOSPITAL	YL	YL
+RURAL HEALTH CLINICS	N	N
+FEDERALLY QUAL HLTH CTRS	YL	YL
+OTHER LAB AND X-RAYS	Y	Y
+NF (AGE 21 OR OLDER)	YL*	N*
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	Y	Y
+PHYSICIAN SERVICES	YL	YL
+MED/SURG SERV OF A DENTIST	YL	YL
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	YL
OPTOMETRISTS	YL	YL
CHIROPRACTORS	YL	YL
PSYCHOLOGISTS	YL	YL
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	N	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	YL
+HOME HEALTH AIDE	YL	YL
+MED SUPP/EQUIP/APPLIANCES	YL	YL
PHYSICAL THERAPY	YL	YL
OCCUPATIONAL THERAPY	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL	YL
PRIVATE DUTY NURSING	YL	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	YL	YL
MENTAL HEALTH CLINIC	YL	YL
ALCOHOL & SUB ABUSE CLINIC	YL	YL
BIRTHING CENTER	YL	YL
AMBULATORY SURGICAL CENTER	Y	Y
END STAGE RENAL DISEASE	Y	Y
MR/DAY TREATMENT	YL	YL
DENTAL SERVICES	YL	YL
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	YL
OCCUPATIONAL THERAPY	YL	YL
SPEECH DISORDERS	YL	YL
HEARING DISORDERS	YL	YL
LANGUAGE DISORDERS	YL	YL
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	YL
DENTURES	YL	YL
PROSTHETIC DEVICES	YL	YL
EYEGLASSES	YL	YL

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
660 NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW JERSEY

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	Y Y
SCREENING SERVICES	Y Y
PREVENTIVE SERVICES	YL YL
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	YL N
IMD NF (65 OR OLDER)	YL N
ICF/MR	YL N
INPAT PSYCH (UNDER 21)	YL N
+NURSE MIDWIFE	YL YL
HOSPICE CARE	YL N
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	YL YL
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	Y Y
RESPIRATORY CARE SERVICES	YL N
+CERT PED NURSE PRACTITIONER	N N
+CERT FAM NURSE PRACTITIONER	N N
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	YL N
CHRISTIAN SCI SANITORIUMS	YL N
NF SERVICES (UNDER 21)	YL N
EMERGENCY HOSP SERVICES	Y YL
PERSONAL CARE SERVICES	YL YL
TRANSPLANT SERVICES	Y N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

NEW JERSEY NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	NA	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	Y	NA	N	Y	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	N	N
FEE SCHEDULE?	NA	N	Y	Y	N	NA	Y	Y	Y
STATE DETERMINED?	NA	NA	Y	Y	NA	NA	Y	Y	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	NA	NA	N	N	N
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	NA	N	N	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	NA	N	N	N
MEDICARE REASONABLE	NA	Y	N	N	Y	NA	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	N	N
NEVADA	NA	N	N	N	N	NA	N	N	N
OTHER RVS	NA	N	N	N	N	NA	N	N	N
OTHER PAYMENT METHOD	NA	N	N	Y	N	NA	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	6.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	N	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.73	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.07	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NEW JERSEY NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N*	N	N	N	NA	N	N	N
DONATION	NA	NA*	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA*	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA*	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA*	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA*	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA*	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA*	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NEW JERSEY INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2964.00*	$236.50*	NA	$89.00	$199.00
RATE PERIOD-					
BEGINS(MMDDYYYY)	0101 *	01011992	01011992	0701	07011992
METHOD OF PAYMENT-					
PROSPECTIVE	Y*	Y	N	Y	N
RETROSPECTIVE	N*	N	Y	N	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y*	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	Y	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	Y	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	Y	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	Y	N
OTHER TREND INDEX	Y*	Y	Y	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y*	Y	Y	Y	Y
ANCIL PER DIEM	N*	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y*	Y	N	N	N
RESERVED BED DAYS	N*	N	N	Y	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	Y	N	N	Y	N
PEER GROUPING	Y*	Y	N	N	Y
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	Y
STATE OWNED	Y	Y	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NEW JERSEY INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N*	Y*	N	NA	NA
INPT UTIL RATE THRSHLD	N*	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N*	N	N	NA	NA
OTHER DSH DEFINITION	Y*	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N*	N	NA	NA
SECT 1923(C) (2)	N	Y*	N	NA	NA
SECT 1923(C) (3)	N	N*	N	NA	NA
SECT 1923(E)	Y	N*	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	100.00*	100.00*	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N*	N*	N	NA	NA
PROVIDER TAX	Y*	Y*	N	NA	NA
GENERAL TAX	N*	N*	N	NA	NA
GENERAL REVENUE FUND	N*	N*	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N*	N*	N	N	N
STATE TAX	Y*	Y*	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	Y
USE OF PROCEEDS-					
DSH PAYMENTS	Y*	Y*	N	NA	NA
MEDICAID EXPANSION	N*	N	N	N	N
OTHER MEDICAID	N*	N	N	N	N
NON-MEDICAID	N*	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NEW JERSEY

Outpatient Hospital Services

07/91 New Jersey Medicaid reduced interim payments for outpatient services by 4.4%.

Prescribed Drugs

07/91 New Jersey limited coverage of non-legend drugs, supplies, and devices to: insulin, diabetic testing material, insulin syringes and needles, antacids, family planning materials and supplies, protein replacements, and other special items.

Other Diagnostic, Screening, and Preventive Services

08/91 New Jersey Medicaid revised the immunization schedule and reimbursement rates for childhood immunizations ranging from $3.03 to $39.87, depending on the procedure code.

Home Health Services

03/91 New Jersey no longer requires prior authorization for social adult day care services provided by Community Care Programs for the Elderly and Disabled (CCPED).

08/91 New Jersey increased reimbursement for personal care assistant services and for homemaker services provided under its Community Care Program for the Elderly and Disabled (CCPED) and the Home Care Expansion Program (HCEP) as follows:

Personal Care Assistant Services	Max. Fee
Per Hour/Weekday/Individual	up to $14.00
Per Hour/Weekday/Group	up to $11.00
Per Half Hour/Weekday/Individual	up to $ 7.00
Per Half hour/Weekday/Group	up to $ 5.50
Per Hour/Weekend/Holiday/Individual	up to $17.00
Per Half Hour/Weekend/Holiday/Individual	up to $ 8.50
Per Hour/Weekend/Holiday/Group	up to $12.00
Per Half Hour/Weekend/Holiday/Group	up to $ 6.00

Homemaker Services Under CCPED and HCEP	
Homemaker/Hourly/Weekday	up to $14.00
Homemaker/Hourly/Weekend/Holiday	up to $17.00

Nursing Facility Services

01/91 New Jersey established a single daily rate of $82.27 for NF care.

Targeted Case Management

07/91 New Jersey initiated coverage of targeted case management services to the seriously mentally ill.

Transportation Services

08/91 New Jersey Medicaid increased from $25.00 to $50.00 per one way trip the payment limit for the purchase of non-emergency medical transportation services for CCPED clients.

New Mexico

Characteristics of the Medicaid State Plan as of March 1992

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Human Services Department P.O. Box 2348, Suite 302 Territorial Plaza Building Santa Fe, NM 87504-2348	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: N/A	N
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: MEDICAL ASSISTANCE BUREAU	Y
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW MEXICO

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	Y
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW MEXICO

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	Y

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW MEXICO

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW MEXICO

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	N

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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U = UNAVAILABLE
NA = NOT APPLICABLE

NEW MEXICO

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12

E. STANDARDS AND METHODS

1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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U = UNAVAILABLE
NA = NOT APPLICABLE

NEW MEXICO

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 1043

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). NA

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. U

2. THE STATE USES A STANDARD OF $13,296. U

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: U

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U = UNAVAILABLE
NA = NOT APPLICABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW MEXICO

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW MEXICO

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	18
IN PRIVATE INSTITUTIONS UNDER (AGE)	18
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
NEW MEXICO
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	192.00	258.00	324.00	389.00	455.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW MEXICO

	CAT/MED 1	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	YL	N
+FEDERALLY QUAL HLTH CTRS	YL	N
+OTHER LAB AND X-RAYS	YL	N
+NF (AGE 21 OR OLDER)	Y	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	YL	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	N	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	N	N
PSYCHOLOGISTS	YL	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	YL	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	Y	N
+MED SUPP/EQUIP/APPLIANCES	Y	N
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	N	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	YL	N
MENTAL HEALTH CLINIC	N	N
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	Y	N
END STAGE RENAL DISEASE	YL	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH DISORDERS	YL	N
HEARING DISORDERS	YL	N
LANGUAGE DISORDERS	YL	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	YL	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW MEXICO

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	N	N
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	N	N
IMD INPAT HOSP (65 OR OLDER)	N	N
IMD NF (65 OR OLDER)	N	N
ICF/MR	Y	N
INPAT PSYCH (UNDER 21)	N	N
+NURSE MIDWIFE	YL	N
HOSPICE CARE	Y	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	YL	N
TCM - PREGNANT WOMEN	YL	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	YL	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	YL	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	YL	N
+CERT FAM NURSE PRACTITIONER	YL	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	Y	N
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	Y	N
EMERGENCY HOSP SERVICES	Y	N
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

NEW MEXICO NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	N
FEE SCHEDULE?	NA	N	Y	Y	N	Y	Y	NA	Y
STATE DETERMINED?	NA	NA	Y	Y	NA	Y	Y	NA	Y
UPDATE YEAR	NA	NA	1986	NA	NA	NA	1986	NA	NA
MEDICARE	NA	NA	N	N	NA	N	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	N	N	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	N	N	NA	N
MEDICARE REASONABLE	NA	Y	N	N	Y	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.50	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	N	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.25	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.25	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NEW MEXICO NON-INSTITUTIONAL PAYMENT METHOOOLOGY
EFFECTIVE MEOICAID STATE PLAN AS OF 03/11/92, FOR OATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PEO	NURSE MOWIF	MCH CLNIC	OENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNOING SOURCE-									
PROVIOER OONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIOER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUNO	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNOING	NA	NA	NA	NA	NA	NA	NA	NA	NA
OONATIONS ANO TAXES PROGRAM?	N	N	N	N	N	N	N	NA	N
OONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEOS-									
OS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEOICAIO EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEOICAIO	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEOICAIO	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT OISPROPORTIONATE SHARE PAYMENT FUNOING SOURCE, ANO INFORMATION ON DONATIONS ANO TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATEO ACQUISITION COST (INGREOIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). OE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATEO UNOER AHCCCS.

NEW MEXICO INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2106.00	$2106.00	$2106.00	$0.00	$119.74
RATE PERIOD-					
BEGINS(MMDDYYYY)	10091991*	10091991*	10091991*	0701	09011990
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	N	Y	Y
RETROSPECTIVE	Y	N	Y	N	N
OTHER METHOD	Y	Y	Y	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	Y	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	Y	Y
PER DIEM PLUS ADDITIONS	Y	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	Y	Y	Y	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	Y
OTHER UNIT	Y*	N	Y	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	Y	Y	Y	Y	Y
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	Y*	Y*	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	Y	N	N	N	N
HIGH/LOW COST	N	N	N	Y	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	Y	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NEW MEXICO INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	Y	Y	Y	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NEW MEXICO

Inpatient Hospital Services

10/91 New Mexico lowered the inflation factor used to adjust inpatient hospital rates to .5% for urban hospitals and 1.5% for rural hospitals.

10/91 New Mexico set reimbursement rates for out-of-State (over 100 miles from the State border) specialty hospitals and residential treatment centers at 70% of billed charges or a negotiated rate.

Physician Services

08/91 New Mexico began phasing in a primary care physician case management system.

Nurse Practitioner, Midwife, Physician Extender Services

04/91 New Mexico offers direct Medicaid reimbursement to certified nurse practitioners, all specialties.

Dentist Services

04/91 New Mexico added orthodontia services under the enhanced EPSDT program.

Prescribed Drugs

07/91 New Mexico increased from $4.00 to $4.25 the dispensing fee paid to pharmacies for filling prescriptions for Medicaid beneficiaries.

EPSDT and Maternal and Infant Health Services

04/91 New Mexico added orthodontia services under the enhanced EPSDT program.

05/91 New Mexico now reimburses for nutrition services to pregnant women and children under the EPSDT program.

Nursing Facility Services

10/91 New Mexico revised the method that is used to pay for room and board services when the hospice beneficiary resides in a nursing facility.

10/91 New Mexico amended an earlier definition of skilled nursing to include direct care and the supervision of home health aides.

11/91 New Mexico reduced by 2 percentage points the inflation factor used to update nursing facility rates and delayed rebasing rates for one three-year cycle.

Home Health Services

12/91 New Mexico proposed reducing the cost limit to home health agencies by 3.1 percentage points.

Case Management

08/91 New Mexico began phasing in a primary care physician case management system.

Hospice Services

10/91 New Mexico revised the method that is used to pay for room and board services when the hospice beneficiary resides in a nursing facility.

Fraud, Abuse, Auditing, Recoveries

04/91 New Mexico imposed civil monetary penalties and assessments against persons who violate certain provisions of the Medicaid Fraud Control Act.

Eligibility

01/91 New Mexico increased the income standard for Institutional Care from $989 to $1,043. The proposed increase is 5.4%.

07/91 New Mexico increased eligibility for pregnant women and infants from 133% to 185% of the Federal poverty level.

07/91 New Mexico Medicaid excluded Radiation Exposure Compensation Act payments from consideration as income or resources for purposes of determining Medicaid eligibility in all categories.

New York

Characteristics of the Medicaid State Plan as of March 1992

New York covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Social Services 40 North Pearl Street Albany, NY 12243	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	Y
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
DIVISION OF MEDICAL ASSISTANCE	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	N

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ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW YORK

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	Y
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	U
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	U
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW YORK

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	Y
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y*
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y*
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N*

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y*
DUAL ELIGIBLES	Y*
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N*
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y*

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y*
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y*
MEDICARE RATE	N*
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N*

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW YORK

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW YORK

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	N
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$50
B. FOR COUPLES	$100
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	N
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$0
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$500
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW YORK

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	N
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	185
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	U
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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NEW YORK

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). — N

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). — N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). — $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. — Y

2. THE STATE USES A STANDARD OF $13,296. — N

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: — $0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW YORK

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	Y*
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW YORK

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW YORK

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
NEW YORK
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	119.10	189.50	253.00	326.70	402.70	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	500.00	717.00	725.00	850.00	992.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	3000.00	4300.00	4350.00	5100.00	5950.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	6					

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U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW YORK

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW YORK

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	YL YL
+FEDERALLY QUAL HLTH CTRS	YL YL
+OTHER LAB AND X-RAYS	YL YL
+NF (AGE 21 OR OLDER)	YL YL
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	YL YL
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	N N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	Y Y
+HOME HEALTH AIDE	Y Y
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	Y Y
SPEECH PATHOLOGY/AUDIOLOGY	Y Y
PRIVATE DUTY NURSING	Y Y
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	YL YL
MENTAL HEALTH CLINIC	Y Y
ALCOHOL & SUB ABUSE CLINIC	Y Y
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	Y Y
END STAGE RENAL DISEASE	Y Y
MR/DAY TREATMENT	Y Y
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH DISORDERS	YL YL
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	YL YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	YL YL
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NEW YORK

	CAT/MED	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	Y	Y
SCREENING SERVICES	Y	Y
PREVENTIVE SERVICES	Y	Y
REHABILITATIVE SERVICES	Y	Y
IMD INPAT HOSP (65 OR OLDER)	Y	Y
IMD NF (65 OR OLDER)	N	N
ICF/MR	Y	Y
INPAT PSYCH (UNDER 21)	Y	Y
+NURSE MIDWIFE	Y	Y
HOSPICE CARE	YL	YL
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	YL	YL
TCM - CHRON MENTALLY ILL	YL	YL
TCM - PREGNANT WOMEN	Y	Y
TCM - AIDS	YL	Y
TCM - HIV POSITIVE	YL	YL
TCM - DEVELOP DISABLED	Y	Y
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	Y	Y
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	Y	Y
+CERT FAM NURSE PRACTITIONER	Y	Y
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	YL
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	YL	YL
EMERGENCY HOSP SERVICES	Y	Y
PERSONAL CARE SERVICES	YL	YL
TRANSPLANT SERVICES	Y*	Y

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS

\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

NEW YORK NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y*	Y	Y	Y	Y*	N	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	N*	NA	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N*	NA	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N*	NA	N	N	N
FEE SCHEDULE?	NA	Y	Y	Y	N*	NA	Y	N	N
STATE DETERMINED?	NA	Y	Y	Y	NA*	NA	Y	NA	NA
UPDATE YEAR	NA	NA	NA	NA	NA*	NA	NA	NA	NA
MEDICARE	NA	N	N	N	NA*	NA	N	NA	NA
CHARGES-									
MEDICARE	NA	N	N	N	N*	NA	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	NA	N	N	N
COSTS-									
STATE REASONABLE	NA	N	N	N	Y*	NA	N	N	N
MEDICARE REASONABLE	NA	N	N	N	N*	NA	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	N	N
NEVADA	NA	N	N	N	N	NA	N	N	N
OTHER RVS	NA	N	N	N	N	NA	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	Y*	NA	N	N	Y
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y*	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NEW YORK NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N*	N	N	N	N*	NA	N	N	N
MIN PAYMENT AMOUNT	NA*	NA	NA	NA	NA*	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA*	NA	NA	NA	NA*	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA*	NA	NA	NA	NA*	NA	NA	NA	NA
PROVIDER TAX	NA*	NA	NA	NA	NA*	NA	NA	NA	NA
GENERAL TAX	NA*	NA	NA	NA	NA*	NA	NA	NA	NA
GENERAL REVENUE FUND	NA*	NA	NA	NA	NA*	NA	NA	NA	NA
OTHER FUNDING	NA*	NA	NA	NA	NA*	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N*	NA	N	N	N
DONATION	NA	NA	NA	NA	NA*	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA*	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA*	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA*	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA*	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA*	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA*	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NEW YORK INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$5578.10*	$5201.25*	$217.02*	$132.62*	$209.37
RATE PERIOD-					
BEGINS (MMDDYYYY)	0101 *	0401	0701 *	0101 *	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y*	Y*	Y	Y*	N
RETROSPECTIVE	N	N	N	N	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y*	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	Y	Y	Y*	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N*	N	N
DRI REGIONAL	N	N	N*	N	N
HCFA MARKET BASKET	N	N	N*	N	N
CONSUMER PRICE INDEX	N	N	N*	N	N
OTHER TREND INDEX	Y	Y	Y*	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	Y*	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	Y	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y	N	N	N
RESERVED BED DAYS	N	N	N	N	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	Y	N	N	Y	Y
PEER GROUPING	Y	N	N	Y	N
HIGH/LOW COST	N	N	N	Y	N
NUMBER OF BEDS	Y	N	N	Y	Y
STATE OWNED	Y	Y	N	N	Y
OTHER CLASSIFICATION	Y	N	N	Y	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NEW YORK INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N*	N	NA	NA
INPT UTIL RATE THRSHLD	N	Y*	N	NA	NA
LOW INC UTIL RT THRSHLD	N	Y*	N	NA	NA
OTHER DSH DEFINITION	Y	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N*	N	NA	NA
SECT 1923(C) (2)	N	N*	N	NA	NA
SECT 1923(C) (3)	N	N*	N	NA	NA
SECT 1923(E)	Y	Y*	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$0.00	$0.00	NA	NA	NA
MIN PAYMENT PCT%	0.00	35.00	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N*	N*	N	NA	NA
PROVIDER TAX	Y*	N*	N	NA	NA
GENERAL TAX	N*	N*	N	NA	NA
GENERAL REVENUE FUND	Y*	Y*	N	NA	NA
OTHER FUNDING SOURCE	N	N*	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N*	N	N	N
STATE TAX	Y*	N*	Y	Y	N
OTHER PROGRAM TYPE	N	N*	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y*	Y*	N	NA	NA
MEDICAID EXPANSION	N	N*	N	N	N
OTHER MEDICAID	Y	N*	N	N	N
NON-MEDICAID	Y	Y*	Y	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section Six: NGA 1991 Changes in the Medicaid Program

NEW YORK

General

01/91 New York Medicaid strengthened the Beneficiary Restriction Program (RRP) by implementing the following policy and systems changes.

1. Expanded the RRP to require restricted beneficiaries to obtain ancillary services under the direction of their primary providers(s).
2. Established a monthly case management fee to be paid to primary physicians which will encourage physician participation in the RRP.
3. Expanded the RRP to include lock-in to up to four other categories of providers (podiatrists, dentists, and DME dealers) where beneficiary abuse had been documented.
4. Established restriction as the penalty for card loaning.
5. Lengthened the period of time a restricted beneficiary will be restricted. This will provide for coordinated care over a longer period of time and ensure that abusive beneficiaries modify their behavior.
6. Implemented systems changes to the Electronic Medicaid Eligibility Verification System (EMEVS) that allow providers to determine restriction status, as well as eligibility.
7. Implemented changes to the MMIS claims processing system that ensure that only those claims for services provided in accordance with the new guidelines outlined above are paid.
8. Implemented systems changing, allowing for restrictions to begin on a weekly basis as opposed to the first day of each calendar month.
9. Accelerated implementation of restrictions by a 2-3 month period.
10. Increased reviews by 44% from 5,263 in 1990.

Clinic Services

09/91 New York Medicaid established the Utilization Threshold Program. This program sets a threshold for certain ambulatory medical services a beneficiary is entitled to before documenting the medical necessity of additional services. The services and threshold levels are as follows:

Physician/Clinic Laboratory	14 visits per benefit year 18 procedures per benefit year
Pharmacy (including prescription and over the counter medications and supplies)	60 items per benefit year for beneficiaries who are under 21, certified blind or disabled, 65 and older, or AFDC beneficiaries. 43 items per benefit year for beneficiaries age 21-64 who qualify for the State Home Relief Program.

The program was implemented on March 1, 1991 for the Home Relief adult populations and on September 15, 1991, for all other beneficiaries.

Physician Services

07/91 New York Medicaid established the Enhanced Fees for Physicians Program (HIV-EFP) which provides enhanced reimbursement to select primary care and specialty physicians for care rendered to beneficiaries who are diagnosed as HIV infected or who are at risk of becoming HIV infected. To participate, these physicians must meet special eligibility and practice criteria. The enhanced Medicaid fees were developed to promote HIV counseling and testing for persons at risk of HIV infection and to improve access to primary care office-based therapies for treatment of persons with HIV disease.

Lab and X-Ray Services

See Clinic Services 09/91 above.

Prescribed Drugs

See Clinic Services 09/91 above.

Rehabilitative Services

09/91 New York established sanction periods for clients who refuse to participate in, or leave, an appropriate outpatient rehabilitation program prior to the completion of the program when the alcohol or substance abuse is the primary cause of the client's need for rehabilitation.

Transportation Services

02/91 New York Medicaid provides reimbursement for NY Hospital-Cornell Medical Center Aeromed at the following rates:

Liftoff from NYC Base	-	$200.00
Patient Occupied Flight Time	-	$75.00 per 5 minutes

Substance Abuse Services

09/91 See Rehabilitative Services 09/91 above.

Home Health Services

06/91 New York enacted new provisions to control utilization of home care services funded under the Medicaid program. These changes incorporate the cost of care as a factor in determining the appropriateness of home care services and calls for the consideration of more cost effective alternatives such as personal emergency response systems, shared aide programs, other technology, and alternative setting for care (e.g., nursing facility, adult care facility, assisted living programs). Additionally, these changes shift some management responsibilities from government to providers of home care services.

Case Management

08/91 New York Medicaid established a model waiver, the OMRDD Care at Home III Program. This program will allow two hundred developmentally disabled children to receive all of the usual Medicaid services available. In addition, program beneficiaries will receive case management, respite care, medical social services, respiratory therapy, nutrition counseling, and selected home adaptation services determined to be medically necessary.

11/91 New York has established a managed care program with the following requirements:

1. The Department must annually designate 20 districts to submit managed care plans for approval;

2. There are no limits on the number of MA beneficiaries who can enroll;

3. Beneficiaries in all categories of Medicaid eligibility may be required to enroll, at the social services districts' discretion;

4. Enrollment goals are 10% the first year, 25% the second year, and 50% the third year, and

5. The Department can give grants to districts of up to $150,000 per county.

Community-Based Long Term Care Services

06/91 New York enacted the assisted living program legislation which authorizes capitated payments to operators for the provision of all the Community-based long term care services eligible individuals require. Targeted to individuals seeking community-based services and awaiting placement from an acute care facility, this program will reduce reliance upon nursing facility care and result in more efficient use of the long term care system and encourage development of less costly alternative settings for care. These programs would be reimbursed the equivalent of 50 percent of what the individual's care would have cost in a nursing facility in their county. Operators would be required to provide all participants personal care, home health, and other community-based services within that amount, regardless of whether the individual's care needs exceeded or were less than the reimbursement level. Up to 4,200 beds can be developed throughout the State for this purpose.

Eligibility

01/91 New York increased income eligibility standards for medical assistance as follows:

Family size	Monthly Income
1	$ 500
2	717
3	725
4	850
5	992
6	1134
7	1275
8	1417

01/91 New York State implemented the increased maximum community spouse resource allowance ($66,480) and minimum monthly maintenance needs allowance (1,662) used in determining Medicaid eligibility for an institutionalized spouse. New York State implemented the increased maximum family member allowance ($329) used in determining Medicaid eligibility for an institutionalized spouse.

Long Term Care

08/91 See first paragraph Case Management 08/91 above.

North Carolina

Characteristics of the Medicaid State Plan as of March 1992

North Carolina is a 209(b) State and covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Human Resources 101 Blair Drive Raleigh, NC 27603	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
DIVISION OF MEDICAL ASSISTANCE	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	N

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U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	18
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	18
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$242
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$242

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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NORTH CAROLINA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	N
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	95
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	Y
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	N
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
NORTH CAROLINA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	181.00	236.00	272.00	297.00	324.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	242.00	317.00	367.00	400.00	433.00	N
AGED, BLIND, AND DISABLED (209(B))	242.00	317.00	367.00	400.00	433.00	N
RESOURCE LEVELS						
AFDC RELATED/ALL	1500.00	2250.00	2350.00	2450.00	2550.00	
AGED, BLIND, AND DISABLED (209(B))	1500.00	2250.00	2350.00	2450.00	2550.00	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	N					

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FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N
DISABILITY LIMITED TO AGE 18 AND OLDER	N
MORE RESTRICTIVE INCOME METHODS	5
MORE RESTRICTIVE RESOURCE METHODS	6
MORE RESTRICTIVE INCOME STANDARDS	Y
URBAN/ALL	
1-PERSON	242.00
2-PERSONS	317.00
3-PERSONS	367.00
4-PERSONS	400.00
5-PERSONS	433.00
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	Y
URBAN/ALL	
1-PERSON	1500.00
2-PERSONS	2250.00
3-PERSONS	2350.00
4-PERSONS	2450.00
5-PERSONS	2550.00
RURAL VARIANCES EXIST	N

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
PARENTAL INCOME EXCLUDED	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	YL YL
+FEDERALLY QUAL HLTH CTRS	YL YL
+OTHER LAB AND X-RAYS	Y Y
+NF (AGE 21 OR OLDER)	YL YL
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	YL YL
PSYCHOLOGISTS	N N
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	N N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	YL YL
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	YL YL
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	YL YL
MENTAL HEALTH CLINIC	YL YL
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	YL YL
AMBULATORY SURGICAL CENTER	YL YL
END STAGE RENAL DISEASE	YL YL
MR/DAY TREATMENT	N N
DENTAL SERVICES	Y Y
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	N N
OCCUPATIONAL THERAPY	N N
SPEECH DISORDERS	N N
HEARING DISORDERS	N N
LANGUAGE DISORDERS	N N
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	YL YL
PROSTHETIC DEVICES	N N
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH CAROLINA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL
SCREENING SERVICES	YL
PREVENTIVE SERVICES	YL
REHABILITATIVE SERVICES	YL
IMD INPAT HOSP (65 OR OLDER)	Y
IMD NF (65 OR OLDER)	YL
ICF/MR	YL
INPAT PSYCH (UNDER 21)	YL
+NURSE MIDWIFE	YL
HOSPICE CARE	YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N
TCM - CHRON MENTALLY ILL	YL
TCM - PREGNANT WOMEN	YL
TCM - AIDS	N
TCM - HIV POSITIVE	N
TCM - DEVELOP DISABLED	YL
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	Y
RESPIRATORY CARE SERVICES	N
+CERT PED NURSE PRACTITIONER	YL
+CERT FAM NURSE PRACTITIONER	YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL
CHRISTIAN SCI NURSES	N
CHRISTIAN SCI SANITORIUMS	N
NF SERVICES (UNDER 21)	YL
EMERGENCY HOSP SERVICES	N
PERSONAL CARE SERVICES	YL
TRANSPLANT SERVICES	Y

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

NORTH CAROLINA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	Y	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	Y	N	N	N	N	Y	N
FEE SCHEDULE?	NA	N	Y	Y	N	N	Y	N	Y
STATE DETERMINED?	NA	NA	Y	N	NA	NA	N	NA	Y
UPDATE YEAR	NA	NA	1982	NA	NA	NA	NA	NA	1991
MEDICARE	NA	NA	N	Y	NA	NA	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	Y	N	N	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	Y	N	Y	N	Y	N
COSTS-									
STATE REASONABLE	NA	Y	N	N	Y	N	N	N	N
MEDICARE REASONABLE	NA	N	N	N	Y	N	N	N	N
PERCENT BILLED	NA	80.00	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	N	N
NEVADA	NA	N	N	N	N	N	N	N	N
OTHER RVS	NA	N	N	N	N	N	N	N	N
OTHER PAYMENT METHOD	NA	N	Y	Y	N	N	Y	N	Y
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	N	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.85	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.85	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NORTH CAROLINA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NORTH CAROLINA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$354.00	$330.31	NA	$69.13*	$188.29
RATE PERIOD-					
BEGINS (MMDDYYYY)	0101	0101	0701	1001 *	0701
METHOD OF PAYMENT-					
PROSPECTIVE	N	Y	N	Y	Y
RETROSPECTIVE	N	Y	N	Y	Y
OTHER METHOD	N	N	N	Y	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	Y	Y	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	Y
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	Y	Y	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	Y	Y	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	Y	N
ANCIL PER DIEM	Y	Y	N	Y	N
OTHER ANCIL	Y	Y	N	Y	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	N
OTHER SERVICES	Y	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	Y	Y	N	Y	Y
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	Y	Y	N	Y	Y
OTHER CLASSIFICATION	N	N	N	Y	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NORTH CAROLINA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	Y	N	NA	NA
LOW INC UTIL RT THRSHLD	Y	Y	N	NA	NA
OTHER DSH DEFINITION	Y	Y	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	N	NA	NA
SECT 1923(C) (3)	Y	Y	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	2.50	2.50	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	Y	Y	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	Y	Y	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	Y	Y	N	N	Y
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	N	NA	NA
MEDICAID EXPANSION	Y	Y	N	N	Y
OTHER MEDICAID	Y	Y	N	N	Y
NON-MEDICAID	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NORTH CAROLINA

Physician Services

08/91 North Carolina's General Assembly enacted legislation to change copayment charges to Medicaid beneficiaries. The new copayments are $1.00 for each prescription and refill, and $2.00 for each physician visit.

Prescribed Drugs

08/91 North Carolina's General Assembly enacted legislation to change copayment charges to Medicaid beneficiaries. The new copayments are $1.00 for each prescription and refill, and $2.00 for each physician visit.

EPSDT and Maternal and Infant Health Services

10/91 North Carolina's General Assembly enacted legislation to provide Medicaid coverage for nutritional counseling, psycho-social counseling, and predelivery and postpartum home visits by maternity care coordinators and public health nurses for Medicaid-eligible pregnant women.

07/91 North Carolina's General Assembly enacted legislation to provide funds to support transportation services for Medicaid eligible pregnant women and children.

Transportation Services

07/91 North Carolina's General Assembly enacted legislation to provide funds to support transportation services for Medicaid eligible pregnant women and children.

Nursing Facility Services

12/91 North Carolina revised transfer of resource regulations to reflect an increase in the average skilled private nursing home rate to $2,511 from $1,984.

Home Health Services

10/91 North Carolina's General Assembly enacted legislation to provide Medicaid coverage for nutritional counseling, psycho-social counseling, and predelivery and postpartum home visits by maternity care coordinators and public health nurses for Medicaid-eligible pregnant women.

North Dakota

Characteristics of the Medicaid State Plan as of March 1992

North Dakota is a 209(b) State and covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS: — Y

1. Department of Human Services
   State Capitol-Judicial Wing
   600 East Boulevard Avenue
   Bismarck, ND 58505-0250

2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: — N

   N/A

3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C). — N

B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).

1. AFDC RELATED MEDICAID ONLY GROUPS:
   - A. THE TITLE IV-A AGENCY — N
   - B. THE TITLE XIX AGENCY — Y

2. SSI RECIPIENTS:
   - A. THE IV-A AGENCY — N
   - B. THE SOCIAL SECURITY ADMINISTRATION — N
   - C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS — N
   - D. THE TITLE XIX AGENCY — Y

3. AGED, BLIND, AND DISABLED MEDICAID ONLY:
   - A. THE TITLE IV-A AGENCY — N
   - B. THE TITLE XIX AGENCY — Y
   - C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND — N

C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: — Y

   MEDICAL SERVICES DIVISION

D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3). — N

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NORTH DAKOTA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH DAKOTA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	N
DUAL ELIGIBLES	N
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	N
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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NORTH DAKOTA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH DAKOTA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$45
B. FOR COUPLES	$90
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	MN
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	N
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	Y
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	MN

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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NORTH DAKOTA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED

A. PROSPECTIVE PERIOD
(I) FOR FULL MONTHS — Y
(II) FOR PARTIAL MONTHS — N

B. 3-MONTH RETROACTIVE PERIOD
(I) COUNTED FROM DATE OF APPLICATION — N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION. — Y

2. AGED, BLIND, DISABLED

A. PROSPECTIVE PERIOD
(I) FOR FULL MONTHS — Y
(II) FOR PARTIAL MONTHS — N

B. 3-MONTH RETROACTIVE PERIOD
(I) COUNTED FROM DATE OF APPLICATION — N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION. — Y

3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B) — N

E. STANDARDS AND METHODS

1. INCOME STANDARD

A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2). — N

B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1). — N

C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL. — N

D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3). — N

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NORTH DAKOTA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). N

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $3000

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$3000
(II)	FAMILY OF TWO	$6000
(III)	FAMILY OF THREE	$6025
(IV)	FAMILY OF FOUR	$6050
(V)	FAMILY OF FIVE	$6075

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. N

2. THE STATE USES A STANDARD OF $13,296. N

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $25000

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH DAKOTA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	N
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH DAKOTA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH DAKOTA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
NORTH DAKOTA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	217.00	326.00	401.00	491.00	558.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	345.00	400.00	435.00	530.00	600.00	N
AGED, BLIND, AND DISABLED (209(B))	345.00	400.00	435.00	530.00	600.00	N
RESOURCE LEVELS						
AFDC RELATED/ALL	3000.00	6000.00	6025.00	6050.00	6075.00	
AGED, BLIND, AND DISABLED (209(B))	3000.00	6000.00	6025.00	6050.00	6075.00	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	N					

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH DAKOTA

AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N
DISABILITY LIMITED TO AGE 18 AND OLDER	N
MORE RESTRICTIVE INCOME METHODS	4
MORE RESTRICTIVE RESOURCE METHODS	7
MORE RESTRICTIVE INCOME STANDARDS	Y
URBAN/ALL	
1-PERSON	345.00
2-PERSONS	400.00
3-PERSONS	435.00
4-PERSONS	530.00
5-PERSONS	600.00
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	N
URBAN/ALL	
1-PERSON	NA
2-PERSONS	NA
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH DAKOTA

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH DAKOTA

	CAT/MED
+INPATIENT HOSPITAL	Y Y
+OUTPATIENT HOSPITAL	Y Y
+RURAL HEALTH CLINICS	Y Y
+FEDERALLY QUAL HLTH CTRS	Y N
+OTHER LAB AND X-RAYS	Y Y
+NF (AGE 21 OR OLDER)	Y Y
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	Y Y
+MED/SURG SERV OF A DENTIST	N N
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	Y Y
OPTOMETRISTS	YL YL
CHIROPRACTORS	Y Y
PSYCHOLOGISTS	N N
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	N N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	Y Y
+HOME HEALTH AIDE	Y Y
+MED SUPP/EQUIP/APPLIANCES	Y Y
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	Y Y
SPEECH PATHOLOGY/AUDIOLOGY	Y Y
PRIVATE DUTY NURSING	Y Y
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	N N
MENTAL HEALTH CLINIC	N N
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	N N
END STAGE RENAL DISEASE	N N
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	Y Y
SPEECH DISORDERS	Y Y
HEARING DISORDERS	Y Y
LANGUAGE DISORDERS	Y Y
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	YL YL
PROSTHETIC DEVICES	Y Y
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

NORTH DAKOTA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	Y Y
SCREENING SERVICES	Y Y
PREVENTIVE SERVICES	Y Y
REHABILITATIVE SERVICES	Y Y
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	N N
ICF/MR	Y Y
INPAT PSYCH (UNDER 21)	Y Y
+NURSE MIDWIFE	Y Y
HOSPICE CARE	Y Y
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	YL YL
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	N N
+CERT FAM NURSE PRACTITIONER	N N
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	Y Y
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	Y Y
EMERGENCY HOSP SERVICES	Y Y
PERSONAL CARE SERVICES	N N
TRANSPLANT SERVICES	Y Y

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

NORTH DAKOTA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	Y	Y	N	NA	Y	NA	N
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	NA	N
FEE SCHEDULE?	NA	N	Y	Y	N	NA	Y	NA	N
STATE DETERMINED?	NA	NA	Y	Y	NA	NA	Y	NA	NA
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	NA	NA	N	NA	NA
CHARGES-									
MEDICARE	NA	Y	N	Y	N	NA	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	Y	Y	N	NA	Y	NA	Y
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	NA	N	NA	N
MEDICARE REASONABLE	NA	Y	N	N	N	NA	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	NA	N
NEVADA	NA	N	N	N	N	NA	N	NA	N
OTHER RVS	NA	N	N	N	N	NA	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	N	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NORTH DAKOTA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

NORTH DAKOTA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$1709.68	$203.34	$215.25	$64.28	$137.00
RATE PERIOD-					
BEGINS(MMDDYYYY)	07011991	07011991	07011991	01011991	07011990
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	N	Y	N
RETROSPECTIVE	N	Y	Y	N	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	N
PER DIEM PLUS ADDITIONS	N	Y	Y	N	Y
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	Y	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	Y	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	Y	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	N	N	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	Y	N	Y	N	Y
HIGH/LOW COST	N	N	N	Y	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	Y	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

NORTH DAKOTA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N	N	N	NA	NA
SECT 1923(C)(2)	N	N	N	NA	NA
SECT 1923(C)(3)	Y	Y	Y	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	1.00	1.00	1.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	Y	Y	Y	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Ohio

Characteristics of the Medicaid State Plan as of March 1992

Ohio is a 209(b) State

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Human Services 30 East Broad Street, 32nd Floor Columbus, OH 43266-0423	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	N
DIVISION OF MEDICAL ASSISTANCE	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OHIO

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OHIO

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	Y
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	N
DUAL ELIGIBLES	N
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	N
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OHIO

<< CHARGES ARE IMPOSED ON: >>

CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N

<< CHARGES ARE COLLECTED BY: >>

PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N

<< STATE OR LOCAL FUNDS ARE USED FOR: >>

LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N

<< OTHER POLICIES >>

NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OHIO

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	N

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$30
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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OHIO

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	N
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	N
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12

E. STANDARDS AND METHODS

1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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OHIO

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 1221

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). 95

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. N

2. THE STATE USES A STANDARD OF $13,296. Y

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OHIO

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OHIO

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
OHIO
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	199.00	274.00	334.00	413.00	483.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OHIO

AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N
DISABILITY LIMITED TO AGE 18 AND OLDER	Y
MORE RESTRICTIVE INCOME METHODS	1
MORE RESTRICTIVE RESOURCE METHODS	1
MORE RESTRICTIVE INCOME STANDARDS	Y
URBAN/ALL	
1-PERSON	363.00
2-PERSONS	633.00
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	Y
URBAN/ALL	
1-PERSON	1500.00
2-PERSONS	2250.00
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OHIO

	CAT/MED 1	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	YL	N
+FEDERALLY QUAL HLTH CTRS	YL	N
+OTHER LAB AND X-RAYS	Y	N
+NF (AGE 21 OR OLDER)	YL	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	Y	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	Y	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	YL	N
PSYCHOLOGISTS	YL	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	Y	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	Y	N
+MED SUPP/EQUIP/APPLIANCES	YL	N
PHYSICAL THERAPY	Y	N
OCCUPATIONAL THERAPY	Y	N
SPEECH PATHOLOGY/AUDIOLOGY	Y	N
PRIVATE DUTY NURSING	Y	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	YL	N
MENTAL HEALTH CLINIC	Y	N
ALCOHOL & SUB ABUSE CLINIC	YL	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	Y	N
END STAGE RENAL DISEASE	Y	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH DISORDERS	YL	N
HEARING DISORDERS	YL	N
LANGUAGE DISORDERS	YL	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	YL	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY

 NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OHIO

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	N	N
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	Y	N
IMD INPAT HOSP (65 OR OLDER)	N	N
IMD NF (65 OR OLDER)	Y	N
ICF/MR	Y	N
INPAT PSYCH (UNDER 21)	N	N
+NURSE MIDWIFE	YL	N
HOSPICE CARE	Y	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	YL	N
TCM - PREGNANT WOMEN	YL	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	YL	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	Y	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	Y	N
+CERT FAM NURSE PRACTITIONER	Y	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	YL	N
NF SERVICES (UNDER 21)	YL	N
EMERGENCY HOSP SERVICES	N	N
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	Y	N

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Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

OHIO NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	NA	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	NA	N
FEE SCHEDULE?	NA	Y	Y	Y	N	NA	Y	NA	Y
STATE DETERMINED?	NA	Y	Y	Y	NA	NA	Y	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	N	N	N	NA	NA	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	Y	Y	N	NA	Y	NA	Y
COSTS-									
STATE REASONABLE	NA	Y	N	N	Y	NA	N	NA	N
MEDICARE REASONABLE	NA	N	N	N	N	NA	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	NA	N
NEVADA	NA	N	N	N	N	NA	N	NA	N
OTHER RVS	NA	N	N	N	N	NA	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	N	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

OHIO NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

OHIO INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$6560.00*	NA	NA	$79.69	$133.76
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	NA	0701	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y*	N	N	Y	Y
RETROSPECTIVE	Y*	N	Y	N	N
OTHER METHOD	N	N	N	Y	Y
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y*	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N*	N	N	Y	Y
PER DIEM PLUS ADDITIONS	N*	N	N	N	N
PER DISCHARGE	Y*	N	Y	N	N
PER CASE	N*	N	N	N	N
PER ADMISSION	N*	N	N	N	N
CASE MIX PER DIEM	N*	N	N	N	N
OTHER UNIT	N	N	Y	N	N
TREND INDEX-					
DRI NATIONAL	Y*	N	N	N	N
DRI REGIONAL	Y*	N	N	N	N
HCFA MARKET BASKET	N*	N	N	N	N
CONSUMER PRICE INDEX	Y*	N	N	N	N
OTHER TREND INDEX	Y*	N	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y*	N	Y	Y	Y
ANCIL PER DIEM	N*	N	N	Y	Y
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N*	N	N	Y	Y
RESERVED BED DAYS	N*	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	Y*	N	N	N	N
PEER GROUPING	Y*	N	N	N	N
HIGH/LOW COST	Y*	N	N	N	N
NUMBER OF BEDS	Y*	N	N	N	N
STATE OWNED	N*	N	N	N	Y
OTHER CLASSIFICATION	Y*	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

OHIO INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	N	Y	NA	NA
LOW INC UTIL RT THRSHLD	Y	N	Y	NA	NA
OTHER DSH DEFINITION	Y	N	Y	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N*	N	N	NA	NA
SECT 1923(C) (2)	Y*	N	Y	NA	NA
SECT 1923(C) (3)	Y*	N	N	NA	NA
SECT 1923(E)	N*	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	0.50*	NA	0.50	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N*	N	N	NA	NA
PROVIDER TAX	Y*	N	Y	NA	NA
GENERAL TAX	N*	N	N	NA	NA
GENERAL REVENUE FUND	N*	N	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N*	N	N	N	N
STATE TAX	Y*	N	Y	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y*	N	Y	NA	NA
MEDICAID EXPANSION	N*	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	Y*	N	Y	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

OHIO

Inpatient Hospital Services

01/91 Ohio added coverage of single and double lung transplants. Medicaid requires a review by Ohio solid Organ Transplantation Consortium and prior authorization from the Department of Human Services.

09/91 Ohio increased inpatient hospital base rates by 4.5 percent for all hospitals paid under the DRG systems.

09/91 Ohio has assigned a DRG for heart, liver, and bone marrow transplants reimbursement. Bone marrow harvesting costs will be reimbursed by DRG when separate admissions occur for the harvesting and transplant.

09/91 Ohio has implemented enhanced outlier payments to hospitals which provide services for a larger portion of the total number of persons with AIDS.

09/91 Ohio now excludes from preadmission certification, transfers from one hospital to another, with the exception of those hospitals identified for intensified review of transfers.

Outpatient Hospital Services

09/91 Ohio increased all outpatient service fees except laboratory and radiology procedures by 8.6 percent.

Podiatrist Services

02/91 Ohio no longer requires prior authorization for total physician clinic and podiatric visits in excess of 24.

Other Practitioner Services

02/91 Ohio has added clinical social workers (CSW) to the list of health professionals who can provide services under the general supervision of a physician.

Nursing Facility Services

08/91 Ohio adopted a new reimbursement methodology for long-term care NFs and ICFs/MR. They are changing from a resident review system to a prospective per diem rate system, based upon interim settlements and prior period six-month cost reports.

ICFs/MR Services

08/91 Ohio adopted a new reimbursement methodology for long-term care NFs and ICFs/MR. They are changing from a resident review system to a prospective per diem rate system, based upon interim settlements and prior period six-month cost reports.

Oklahoma

Characteristics of the Medicaid State Plan as of March 1992

Oklahoma is a 209(b) State and covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Human Services P.O. Box 25352 Oklahoma City, OK 73125	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	N
N/A	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

OKLAHOMA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OKLAHOMA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	Y
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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OKLAHOMA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	U
QUALIFIED DISABLED WORKING INDIVIDUALS	U
MEDICALLY NEEDY	U
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	U

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OKLAHOMA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	N
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$30
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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OKLAHOMA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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OKLAHOMA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	100
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$25000

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OKLAHOMA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OKLAHOMA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OKLAHOMA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
OKLAHOMA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	198.00	247.00	321.00	397.00	465.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	284.00	359.00	459.00	567.00	667.00	N
AGED, BLIND, AND DISABLED (209(B))	284.00	359.00	459.00	567.00	667.00	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3100.00	3200.00	3300.00	
AGED, BLIND, AND DISABLED (209(B))	2000.00	3000.00	3100.00	3200.00	3300.00	
SPENDDOWN PERIOD (MTH)	3					
AND (MTH)	N					

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OKLAHOMA

AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N
DISABILITY LIMITED TO AGE 18 AND OLDER	Y
MORE RESTRICTIVE INCOME METHODS	N
MORE RESTRICTIVE RESOURCE METHODS	1
MORE RESTRICTIVE INCOME STANDARDS	N
URBAN/ALL	
1-PERSON	NA
2-PERSONS	NA
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	N
URBAN/ALL	
1-PERSON	NA
2-PERSONS	NA
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N

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U = UNAVAILABLE
NA = NOT APPLICABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OKLAHOMA

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	YL YL
+FEDERALLY QUAL HLTH CTRS	Y Y
+OTHER LAB AND X-RAYS	YL YL
+NF (AGE 21 OR OLDER)	YL N
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	YL YL
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	N N
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	YL YL
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL N
+HOME HEALTH AIDE	YL N
+MED SUPP/EQUIP/APPLIANCES	YL N
PHYSICAL THERAPY	N N
OCCUPATIONAL THERAPY	N N
SPEECH PATHOLOGY/AUDIOLOGY	N N
PRIVATE DUTY NURSING	N N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	N N
MENTAL HEALTH CLINIC	N N
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	YL YL
END STAGE RENAL DISEASE	YL YL
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	N N
OCCUPATIONAL THERAPY	N N
SPEECH DISORDERS	N N
HEARING DISORDERS	N N
LANGUAGE DISORDERS	N N
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	N N
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OKLAHOMA

	CAT/MED	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	YL	N
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	YL	YL
IMD INPAT HOSP (65 OR OLDER)	YL	N
IMD NF (65 OR OLDER)	N	N
ICF/MR	N	N
INPAT PSYCH (UNDER 21)	YL	YL
+NURSE MIDWIFE	Y	Y
HOSPICE CARE	N	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	YL	YL
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	YL*	YL*
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	YL	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	YL	YL
+CERT FAM NURSE PRACTITIONER	YL	YL
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	YL
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	YL	N
EMERGENCY HOSP SERVICES	N	N
PERSONAL CARE SERVICES	YL	YL
TRANSPLANT SERVICES	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY

 NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

OKLAHOMA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	N	Y	Y	Y	Y	N	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	Y	N
FEE SCHEDULE?	NA	Y	Y	Y	N	Y	Y	N	Y
STATE DETERMINED?	NA	Y	Y	Y	NA	Y	Y	NA	Y
UPDATE YEAR	NA	1983	1991	1983	NA	1990	1986	NA	1986
MEDICARE	NA	N	N	N	NA	N	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	N	N	N	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	N	N	N	N
MEDICARE REASONABLE	NA	N	N	N	Y	N	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	N	N
NEVADA	NA	N	N	N	N	N	N	N	N
OTHER RVS	NA	N	N	N	N	N	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.50	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$5.10	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$5.10	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

OKLAHOMA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

OKLAHOMA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$479.42*	$336.53*	NA	$46.40*	$58.00
RATE PERIOD-					
BEGINS (MMDDYYYY)	10011990*	07101991*	NA	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	N	Y	Y
RETROSPECTIVE	N	N	N	N	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N*	N*	N	Y	Y
PER DIEM PLUS ADDITIONS	Y*	Y*	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	Y*	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	Y*	Y*	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	Y*	Y*	N	N	N
CONSUMER PRICE INDEX	N	N	N	Y	Y
OTHER TREND INDEX	Y*	Y*	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	Y*	Y*	N	Y	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	Y
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

OKLAHOMA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	Y	Y	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

OKLAHOMA

Physician Services

07/91 Oklahoma Medicaid increased reimbursement for office visits and nursing home visits.

Dentist Services

04/91 Oklahoma added prior authorization as a requirement for the following:

- dental services,
- purchase of oxygen equipment; and
- adaptive equipment for persons residing in private ICFs/MR.

Psychologist Services

04/91 Oklahoma revised coverage of the following psychological services:

SERVICE DESCRIPTION	RATE
Psychological Services	$60.00/hour
Cognitive/Behavior	15.00/per 30 minutes.

Any combination of these services may not exceed 96 units every 12 months.

Family Planning Services

07/91 Oklahoma added coverage of Norplant as follows:

SERVICE DESCRIPTION	ALLOWED AMOUNT
Implant	$150.00
Norplant System Kit	350.00
Removal of Implant	150.00

EPSDT and Maternal and Infant Health Services

10/91 Oklahoma revised the fee for EPSDT clinic immunization to $25.00.

Rehabilitative Services

04/91 Oklahoma revised coverage of the following habilitation services:

SERVICE	RATE	LIMITATION
Habilitation Training Specialist Services	$8.00/hr.	40/hrs./wk.
Prevocational Habilitation Training Specialist	$8.00/hr.	40/hrs./wk.

Durable Medical Equipment and Supplies

04/91 Oklahoma added prior authorization as a requirement for the following:

- dental services,
- purchase of oxygen equipment; and
- adaptive equipment for persons residing in private ICFs/MR.

Nursing Facility Services

04/91 Oklahoma revised facility reimbursement rates for the following:

Effective: April 1, 1991
NF, daily rate: $45.91
ICF/MR Private Type B daily rate: $81.15

Effective: July 1, 1991
NF, daily rate: $45.40
ICF/MR Private Type B daily rate: $80.00

07/91 Oklahoma Medicaid increased reimbursement for office visits and nursing home visits.

ICFs/MR Services

04/91 See first paragraph Nursing Facility Services above.

Eligibility

01/91 Oklahoma added presumptive eligibility for pregnant women.

Oregon

Characteristics of the Medicaid State Plan as of March 1992

Oregon covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Human Resources 318 Public Service Building Salem, OR 97310	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: N/A	N
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	Y
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: OFFICE OF MEDICAL ASSISTANCE PROGRAMS	Y
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

OREGON

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	Y
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE A-2. HCFA STATE PROFILE DATA SYSTEM PAGE 1 OF 1

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OREGON

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OREGON

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OREGON

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	U
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$20
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	U
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	U
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$408
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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NA = NOT APPLICABLE

OREGON

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	N
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	U
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	U
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	U
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12

E. STANDARDS AND METHODS

1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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OREGON

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 300%

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $1111

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. Y

2. THE STATE USES A STANDARD OF $13,296. N

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OREGON

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	18
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OREGON

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OREGON

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	N
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
OREGON
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	310.00	395.00	460.00	565.00	660.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	413.00	526.00	613.00	753.00	879.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3050.00	3100.00	3150.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	N					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OREGON

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OREGON

	CAT/MED	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	YL	N
+FEDERALLY QUAL HLTH CTRS	YL	N
+OTHER LAB AND X-RAYS	YL	N
+NF (AGE 21 OR OLDER)	Y	N
+EPSDT	Y	Y
+FAM PLANNING & SUPPLIES	Y	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	N	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	YL	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	N	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	YL	N
+MED SUPP/EQUIP/APPLIANCES	YL	N
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	YL	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	N	N
MENTAL HEALTH CLINIC	N	N
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	N	N
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH DISORDERS	YL	N
HEARING DISORDERS	YL	N
LANGUAGE DISORDERS	YL	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	Y	Y
DENTURES	YL	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

OREGON

	CAT/MED	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	YL	N
SCREENING SERVICES	N	N
PREVENTIVE SERVICES	YL	N
REHABILITATIVE SERVICES	YL	YL
IMD INPAT HOSP (65 OR OLDER)	YL	N
IMD NF (65 OR OLDER)	N	N
ICF/MR	YL	N
INPAT PSYCH (UNDER 21)	YL	N
+NURSE MIDWIFE	YL	N
HOSPICE CARE	N	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	N	N
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	YL	YL
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	N	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	YL	N
+CERT FAM NURSE PRACTITIONER	YL	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	YL
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	YL	N
NF SERVICES (UNDER 21)	Y	Y
EMERGENCY HOSP SERVICES	Y	N
PERSONAL CARE SERVICES	YL	N
TRANSPLANT SERVICES	Y	N

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

OREGON NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	Y	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	N
FEE SCHEDULE?	NA	N	Y	Y	N	Y	Y	NA	Y
STATE DETERMINED?	NA	NA	Y	N	NA	Y	Y	NA	Y
UPDATE YEAR	NA	NA	1990	NA	NA	1990	1990	NA	1990
MEDICARE	NA	NA	N	Y	NA	N	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	Y	N	N	NA	N
PERCENT BILLED:%	NA	100.00	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	N	N	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	N	N	NA	N
MEDICARE REASONABLE	NA	Y	N	N	Y	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	Y	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	Y	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	0.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.67	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.02	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

OREGON NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

OREGON INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2220.00	NA	NA	$69.27	$377.43
RATE PERIOD-					
BEGINS (MMDDYYYY)	0408	0101 *	0401	0701	07011991
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N*	N	Y	N
RETROSPECTIVE	N	Y*	Y	N	Y
OTHER METHOD	N	N*	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	N*	N	NA	NA
ALL INCLUSIVE PER DIEM	N	Y*	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N*	N	N	N
PER DISCHARGE	N	N*	N	N	N
PER CASE	N	N*	N	N	N
PER ADMISSION	N	N*	N	N	N
CASE MIX PER DIEM	N	N*	N	N	N
OTHER UNIT	N	N*	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N*	N	N	N
DRI REGIONAL	Y	N*	N	N	N
HCFA MARKET BASKET	N	Y*	Y	N	Y
CONSUMER PRICE INDEX	N	N*	N	Y	N
OTHER TREND INDEX	N	N*	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y*	Y	Y	Y
ANCIL PER DIEM	N	N*	N	N	N
OTHER ANCIL	N	N*	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N*	N	N	N
RESERVED BED DAYS	N	N*	N	Y	Y
OTHER SERVICES	N	N*	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N*	N	N	N
PEER GROUPING	N	N*	N	N	N
HIGH/LOW COST	N	N*	N	N	N
NUMBER OF BEDS	N	N*	N	N	Y
STATE OWNED	N	N*	N	N	N
OTHER CLASSIFICATION	N	N*	N	N	N

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

OREGON INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y*	Y	NA	NA
INPT UTIL RATE THRSHLD	N	N*	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N*	N	NA	NA
OTHER DSH DEFINITION	N	N*	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N*	N	NA	NA
SECT 1923(C) (2)	Y	Y*	Y	NA	NA
SECT 1923(C) (3)	N	N*	N	NA	NA
SECT 1923(E)	N	N*	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	$0.00*	NA	NA	NA
MIN PAYMENT PCT%	5.00	35.00*	35.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N*	N	NA	NA
PROVIDER TAX	N	N*	N	NA	NA
GENERAL TAX	N	N*	N	NA	NA
GENERAL REVENUE FUND	Y	Y*	N	NA	NA
OTHER FUNDING SOURCE	N	N*	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N*	N	N	N
STATE TAX	N	N*	N	N	N
OTHER PROGRAM TYPE	N	N*	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N*	N	NA	NA
MEDICAID EXPANSION	N	N*	N	N	N
OTHER MEDICAID	N	N*	N	N	N
NON-MEDICAID	N	N*	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

OREGON

General

06/91 Oregon revised the medically needy program as follows:

- children under 18 years of age will get full medical coverage;
- pregnant women under 21 years of age will get full medical coverage with dental;
- pregnant women 21 years and older will get full medical coverage except dental;
- clients who are age 65 and over, blind, or disabled will only have coverage for prescription drugs and services provided by community mental health or drug and alcohol programs; and
- clients under age 21 who are blind or disabled will get full medical coverage.

Inpatient Hospital Services

07/91 Oregon revised reimbursement for type B rural hospitals to retrospective cost based.

10/91 Oregon established the following rates for multiple surgical procedures:

A. The primary procedure will be paid at the lesser of the billed amount or 100% of OMAP's maximum rate;

B. The second and third procedures will be paid the lesser of the billed amount or 50% of OMAP's maximum rate;

C. For each additional procedure, the rate is the lesser of the billed amount or 25% of OMAP's maximum rate.

Dentist Services

07/91 Oregon limited coverage of dental services to children 18 months through 20 years of age.

07/91 Oregon no longer covers dental services to anyone over the age of 21.

Physical Therapy Services

02/91 Oregon Medicaid removed the prior authorization requirement from evaluations and re-evaluations for physical and occupational therapy services. In addition, Oregon Medicaid limited re-evaluation services to ten per 12-month period for any combination of occupational and physical therapy.

Occupational Therapy Services

01/91 See Physical Therapy Services 02/91 above.

Prescribed Drugs

11/91 Oregon proposed dropping the prior authorization requirement for Zidovudine (AZT).

Hearing Aids

05/91 Oregon added coverage of hearing device implants with prior authorization.

Eligibility

07/91 See General 06/91 above.

Pennsylvania

Characteristics of the Medicaid State Plan as of March 1992

Pennsylvania covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Public Welfare Health and Welfare Building, Room 333 Harrisburg, PA 17120	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
OFFICE OF MEDICAL ASSISTANCE PROGRAMS	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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U = UNAVAILABLE

PENNSYLVANIA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

PENNSYLVANIA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	N
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

PENNSYLVANIA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	Y
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

PENNSYLVANIA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$50
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	SSI

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

PENNSYLVANIA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	N
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	N
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	N
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	N
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12

E. STANDARDS AND METHODS

1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	NA
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	100

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PENNSYLVANIA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	Y
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

PENNSYLVANIA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	19
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

PENNSYLVANIA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

PENNSYLVANIA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	18

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
PENNSYLVANIA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	215.00	330.00	421.00	514.00	607.00	Y
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	425.00*	442.00*	467.00*	567.00*	675.00*	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2400.00	3200.00	3500.00	3800.00	4100.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	1					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

PENNSYLVANIA

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y*
CATEGORICALLY NEEDY	Y*
MEDICALLY NEEDY	Y*
POVERTY LEVEL GROUPS	Y*
METHODS VARY BY CATEGORY	Y*
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

PENNSYLVANIA

	CAT/MED
+INPATIENT HOSPITAL	YL
+OUTPATIENT HOSPITAL	YL
+RURAL HEALTH CLINICS	Y
+FEDERALLY QUAL HLTH CTRS	Y
+OTHER LAB AND X-RAYS	YL
+NF (AGE 21 OR OLDER)	Y
+EPSDT	Y
+FAM PLANNING & SUPPLIES	Y
+PHYSICIAN SERVICES	YL
+MED/SURG SERV OF A DENTIST	YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL
OPTOMETRISTS	YL
CHIROPRACTORS	YL
PSYCHOLOGISTS	N
MEDICAL SOCIAL WORKERS	N
NURSE ANESTHETISTS	N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL
+HOME HEALTH AIDE	YL
+MED SUPP/EQUIP/APPLIANCES	YL
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL
PRIVATE DUTY NURSING	N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	YL
MENTAL HEALTH CLINIC	YL
ALCOHOL & SUB ABUSE CLINIC	YL
BIRTHING CENTER	Y
AMBULATORY SURGICAL CENTER	YL
END STAGE RENAL DISEASE	YL
MR/DAY TREATMENT	N
DENTAL SERVICES	YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	N
OCCUPATIONAL THERAPY	N
SPEECH DISORDERS	N
HEARING DISORDERS	N
LANGUAGE DISORDERS	N
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	Y
DENTURES	YL
PROSTHETIC DEVICES	YL
EYEGLASSES	YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS

\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

PENNSYLVANIA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	YL YL
IMD NF (65 OR OLDER)	Y Y
ICF/MR	Y Y
INPAT PSYCH (UNDER 21)	Y Y
+NURSE MIDWIFE	YL YL
HOSPICE CARE	YL YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	Y Y
TCM - PREGNANT WOMEN	N N
TCM - AIDS	Y Y
TCM - HIV POSITIVE	Y Y
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	Y Y
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	YL YL
+CERT FAM NURSE PRACTITIONER	YL YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	Y Y
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	Y Y
EMERGENCY HOSP SERVICES	Y Y
PERSONAL CARE SERVICES	N N
TRANSPLANT SERVICES	Y Y

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

PENNSYLVANIA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	Y	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	N
FEE SCHEDULE?	NA	Y	Y	Y	Y	Y	Y	NA	Y
STATE DETERMINED?	NA	Y	Y	Y	N	Y	Y	NA	Y
UPDATE YEAR	NA	NA	1992	NA	NA	NA	NA	NA	NA
MEDICARE	NA	N	N	N	Y	N	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	N	N	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	N	N	NA	N
MEDICARE REASONABLE	NA	N	N	N	Y	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.50	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$3.50	NA	NA	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

PENNSYLVANIA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	Y	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	N	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	N	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	N	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	Y	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	N	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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PENNSYLVANIA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$0.00	$0.00	$0.00	$57.22	$180.98
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	0701	0701	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	N	N	N
RETROSPECTIVE	N	Y	Y	Y	Y
OTHER METHOD	Y	Y	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	Y	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	Y	Y	Y	N	N
CONSUMER PRICE INDEX	N	N	N	Y	N
OTHER TREND INDEX	N	N	N	N	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	Y	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	Y	N	N	Y
OTHER CLASSIFICATION	N	N	N	Y	Y

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

PENNSYLVANIA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	Y	Y	Y	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	Y	Y	Y	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$0.00	$0.00	$0.00	NA	NA
MIN PAYMENT PCT%	1.50	1.50	0.50	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	Y	Y	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	Y	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	Y	Y	N	Y	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	N	NA	NA
MEDICAID EXPANSION	Y	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

PENNSYLVANIA

General

07/91 Pennsylvania instituted an enhanced beneficiary restriction program (ERRP) for those GA beneficiaries who abuse MA service. Under this program the beneficiary will not receive an MSE card; the beneficiary must obtain all services from a department-designated clinic/pharmacy combination; when specialty services are needed, the clinic physician will provide the beneficiary with a restricted beneficiary referral form (MA-45) for the needed service; and, the beneficiary must show another valid identification form in lieu of an MSE card to the clinic/pharmacy combination prior to receiving services.

Inpatient Hospital Services

04/91 Pennsylvania added second surgical opinions as a requirement for the following services: submucous resection, bunionectomy, carotid endarterectomy, and hip replacement.

05/91 Pennsylvania has instituted an acute care pooling process which provides additional funding for instate acute care hospitals. The additional funding obtained from pooling provides for the following:

A. Increased disproportionate share payments to an expanded number of in-state disproportionate share hospitals.

B. The extension of disproportionate share status to qualifying rural and sole community hospitals.

Rural Health Clinic Services

11/91 Pennsylvania now reimburses clinics for certain vaccines listed under EPSDT guidelines, with the following limitations:

1. Hospitals with a pharmacy may not enroll the hospital clinic to bill for vaccines.

2. This policy does not apply to other drugs dispensed during the clinic visit.

3. This policy does not apply to vaccines administered in hospital emergency rooms.

4. Clinics can no longer refer beneficiaries to an enrolled pharmacy to obtain the vaccine and then return to the clinic for the vaccine's injection.

5. Clinics may not bill for a clinic visit in addition to the vaccine injection if the sole purpose of the visit is to receive the injection.

Clinic Services

04/91 Pennsylvania no longer covers observation and monitoring in a short procedure unit (SPU) or freestanding ambulatory surgical center (ASC) following the performance of medical, medical diagnostic, and radiological procedures. Payments for ASC/SPU admissions already include payment for recovery rooms.

11/91 See Rural Health Clinic Services 11/91 above.

05/91 Pennsylvania will now reimburse outpatient psychiatric clinics for five monitoring and evaluation visits per calendar month for patients on Clozaril therapy.

Physician Services

10/91 Pennsylvania revised immunization guidelines for EPSDT beneficiaries as follows:

AGE	IMMUNIZATIONS
2 months	DTP, OPV, HBOC or PRP-OMP
4 months	DTP, OPV, HBOC or PRP-OMP
6 months	DTP, HBOC
12 months	PRP-OMP
15 months	MMR, HbCV
18 months	DTP, OPV
4-6 years	DTP, OPV
10-12 years	MMR
14-16 years	Td

Occupational Therapy Services

08/91 Pennsylvania now specifies that the home health agency professionals who may receive a physician's oral orders, put the orders in writing, and sign them when a change in treatment plan is needed are registered nurses, licensed practical nurses, or therapists (physical, occupational, and speech).

Speech, Hearing and Language Therapy Services

08/91 See Occupational Therapy Services 08/91 above.

Psychologist Services

05/91 Pennsylvania will now reimburse outpatient psychiatric clinics for five monitoring and evaluation visits per calendar month for patients on Clozaril therapy.

09/91 Pennsylvania has instituted a pooling process for private psychiatric hospitals and psychiatric units of acute care hospitals. The additional funding obtained from inpatient psychiatric provider pooling provides for:

A. Prospective per diem payment rates for inpatient psychiatric providers.

B. Expanded disproportionate share qualification criteria and increased disproportionate share payments.

C. Increased annual inflation factors used in determining the per diem payment rates.

Prescribed Drugs

05/91 Pennsylvania Medicaid increased the copayment for pharmacy services, drugs, and over-the-counter medications from $.50 to $1.00.

EPSDT and Maternal and Infant Health Services

10/91 See Physician Services 10/91 above.

11/91 See Rural Health Clinic Services above.

Durable Medical Equipment and Supplies

03/91 Pennsylvania Medicaid limited the monthly maximum allowable quantity on medically necessary medical/surgical supplied. Any amount in excess of the monthly maximum allowable will be reduced.

Nursing Facility Services

06/91 Pennsylvania has instituted a nursing facility pooling process for long-term care beneficiaries which includes:

A. Disproportionate share payments to county nursing facilities in which at least 80% of the total patient days are Medicaid funded, and the number of certified medical assistance beds is greater than 270.

B. Program supplementation payments will be made to assist nursing facilities in adjusting to the new case-mix reimbursement system.

C. Revising the inflation factor used in established ceilings on net operating costs.

D. Payment of interim cost settlements on acceptable year-end cost reports are being added that will equal 90% of the facility's reported allowable medical assistance costs.

Home Health Services

08/91 Pennsylvania now specifies that the home health agency professionals who may receive a physician's oral orders, put the orders in writing, and sign them when a change in treatment plan is needed are registered nurses, licensed practical nurses, or therapists (physical, occupational, and speech).

Other Approaches

06/91 See Nursing Facility Services 06/91 above.

06/91 Pennsylvania has instituted a pooling process for freestanding rehabilitation hospitals. The additional funding obtained from rehabilitation pooling provides for:

A. Rebased per diem payment rates for freestanding rehabilitation hospitals.

B. Increased annual inflation factors used in determining the per diem payment ceiling for freestanding rehabilitation hospitals and medical rehabilitation units of acute care hospitals.

C. Supplemental disproportionate share payments to freestanding rehabilitation hospitals determined to be high volume medical assistance providers.

05/91 See paragraph two of Inpatient Hospital Services above.

09/91 See paragraph two of Psychologist Services above.

Rhode Island

Characteristics of the Medicaid State Plan as of March 1992

Rhode Island covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Human Services 600 New London Avenue Cranston, RI 02920	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	Y
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
DIVISION OF MEDICAL SERVICES	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

RHODE ISLAND

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES (4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

RHODE ISLAND

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	Y
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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RHODE ISLAND

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

RHODE ISLAND

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$40
B. FOR COUPLES	$80
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	MN
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	MN

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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RHODE ISLAND

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	N
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	N
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	N
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	185
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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RHODE ISLAND

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300%
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	Y
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

RHODE ISLAND

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

RHODE ISLAND

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	19
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	19
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	19
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	19
IN ICFS/MR UNDER (AGE)	19
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	19
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

RHODE ISLAND

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	19
IN FOSTER HOMES UNDER (AGE)	19
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	19
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	19
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
RHODE ISLAND
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	321.00	440.00	543.00	620.00	696.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	550.83	600.00	741.66	850.00	950.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	4000.00	6000.00	6100.00	6200.00	6300.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	1					

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U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

RHODE ISLAND

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

RHODE ISLAND

	CAT/MED
+INPATIENT HOSPITAL	YL
+OUTPATIENT HOSPITAL	YL
+RURAL HEALTH CLINICS	YL
+FEDERALLY QUAL HLTH CTRS	YL
+OTHER LAB AND X-RAYS	YL
+NF (AGE 21 OR OLDER)	YL
+EPSDT	Y
+FAM PLANNING & SUPPLIES	YL
+PHYSICIAN SERVICES	YL
+MED/SURG SERV OF A DENTIST	N
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL
OPTOMETRISTS	YL
CHIROPRACTORS	N
PSYCHOLOGISTS	N
MEDICAL SOCIAL WORKERS	N
NURSE ANESTHETISTS	N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL
+HOME HEALTH AIDE	YL
+MED SUPP/EQUIP/APPLIANCES	YL
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL
PRIVATE DUTY NURSING	N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	N
MENTAL HEALTH CLINIC	N
ALCOHOL & SUB ABUSE CLINIC	N
BIRTHING CENTER	N
AMBULATORY SURGICAL CENTER	N
END STAGE RENAL DISEASE	N
MR/DAY TREATMENT	N
DENTAL SERVICES	YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	N
OCCUPATIONAL THERAPY	N
SPEECH DISORDERS	N
HEARING DISORDERS	N
LANGUAGE DISORDERS	N
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL
DENTURES	YL
PROSTHETIC DEVICES	YL
EYEGLASSES	YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

RHODE ISLAND

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	YL YL
IMD NF (65 OR OLDER)	YL YL
ICF/MR	YL YL
INPAT PSYCH (UNDER 21)	YL YL
+NURSE MIDWIFE	YL YL
HOSPICE CARE	YL YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	Y Y
TCM - PREGNANT WOMEN	N N
TCM - AIDS	N N
TCM - HIV POSITIVE	Y Y
TCM - DEVELOP DISABLED	Y Y
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	YL YL
+CERT FAM NURSE PRACTITIONER	YL YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	YL YL
EMERGENCY HOSP SERVICES	N N
PERSONAL CARE SERVICES	YL YL
TRANSPLANT SERVICES	Y Y

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

RHODE ISLAND NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	N	Y	NA	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	Y	Y	N	NA	Y	NA	Y
FEE SCHEDULE?	NA	N	Y	Y	N	NA	Y	NA	Y
STATE DETERMINED?	NA	NA	Y	Y	NA	NA	Y	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	NA	NA	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	NA	N	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	NA	N	NA	N
MEDICARE REASONABLE	NA	Y	N	N	Y	NA	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	NA	N
NEVADA	NA	N	N	N	N	NA	N	NA	N
OTHER RVS	NA	N	N	N	N	NA	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	0.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$2.85	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$3.40	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

RHODE ISLAND NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

RHODE ISLAND INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$0.00	NA	NA	$78.55	NA
RATE PERIOD-					
BEGINS(MMDDYYYY)	1001	1001	NA	1001	NA
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	N	Y	N
RETROSPECTIVE	N	N	N	N	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	Y	Y	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	Y
OTHER TREND INDEX	Y	Y	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y	N	N	N
RESERVED BED DAYS	Y	Y	N	N	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

RHODE ISLAND INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N	N	N	NA	NA
SECT 1923(C)(2)	Y	Y	N	NA	NA
SECT 1923(C)(3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	Y	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	Y	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

South Carolina

Characteristics of the Medicaid State Plan as of March 1992

South Carolina covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. State Health and Human Services Finance Commission P.O. Box 8206 Columbia, SC 29202-8206	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
BUREAU OF HEALTH SERVICES	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH CAROLINA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH CAROLINA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	Y
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	N
DUAL ELIGIBLES	N
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	N
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

SOUTH CAROLINA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH CAROLINA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$124
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$422

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH CAROLINA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED

A. PROSPECTIVE PERIOD
(I) FOR FULL MONTHS — Y
(II) FOR PARTIAL MONTHS — N

B. 3-MONTH RETROACTIVE PERIOD
(I) COUNTED FROM DATE OF APPLICATION — N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION. — Y

2. AGED, BLIND, DISABLED

A. PROSPECTIVE PERIOD
(I) FOR FULL MONTHS — Y
(II) FOR PARTIAL MONTHS — N

B. 3-MONTH RETROACTIVE PERIOD
(I) COUNTED FROM DATE OF APPLICATION — N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION. — Y

3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B) — 12

E. STANDARDS AND METHODS

1. INCOME STANDARD

A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2). — 185

B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1). — 185

C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL. — 100

D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3). — 100

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SOUTH CAROLINA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH CAROLINA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH CAROLINA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	19
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH CAROLINA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	19
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
SOUTH CAROLINA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	124.00	167.00	210.00	252.00	295.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	225.00	225.00	283.00	341.00	400.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	4000.00	6000.00	6000.00	6000.00	6000.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	3					
AND (MTH)	1					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH CAROLINA

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
PARENTAL INCOME EXCLUDED	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH CAROLINA

	CAT/MED
+INPATIENT HOSPITAL	YL
+OUTPATIENT HOSPITAL	Y
+RURAL HEALTH CLINICS	YL
+FEDERALLY QUAL HLTH CTRS	Y
+OTHER LAB AND X-RAYS	YL
+NF (AGE 21 OR OLDER)	YL
+EPSDT	Y
+FAM PLANNING & SUPPLIES	YL
+PHYSICIAN SERVICES	YL
+MED/SURG SERV OF A DENTIST	YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	Y
OPTOMETRISTS	YL
CHIROPRACTORS	N
PSYCHOLOGISTS	YL
MEDICAL SOCIAL WORKERS	N
NURSE ANESTHETISTS	Y
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL
+HOME HEALTH AIDE	Y
+MED SUPP/EQUIP/APPLIANCES	YL
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL
PRIVATE DUTY NURSING	N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y
MENTAL HEALTH CLINIC	Y
ALCOHOL & SUB ABUSE CLINIC	N
BIRTHING CENTER	YL
AMBULATORY SURGICAL CENTER	YL
END STAGE RENAL DISEASE	YL
MR/DAY TREATMENT	N
DENTAL SERVICES	YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	YL
SPEECH DISORDERS	YL
HEARING DISORDERS	YL
LANGUAGE DISORDERS	YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL
DENTURES	N
PROSTHETIC DEVICES	YL
EYEGLASSES	YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH CAROLINA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	YL YL
IMD NF (65 OR OLDER)	YL YL
ICF/MR	YL YL
INPAT PSYCH (UNDER 21)	YL YL
+NURSE MIDWIFE	YL YL
HOSPICE CARE	N N
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	YL YL
TCM - CHRON MENTALLY ILL	YL YL
TCM - PREGNANT WOMEN	YL YL
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	YL YL
+CERT FAM NURSE PRACTITIONER	YL YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	YL YL
EMERGENCY HOSP SERVICES	Y Y
PERSONAL CARE SERVICES	N N
TRANSPLANT SERVICES	Y Y

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+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

SOUTH CAROLINA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	Y	Y	Y	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	N
FEE SCHEDULE?	NA	Y	Y	Y	N	Y	Y	NA	Y
STATE DETERMINED?	NA	Y	Y	Y	NA	Y	Y	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	N	N	N	NA	N	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	N	Y	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	N	N	NA	N
MEDICARE REASONABLE	NA	N	N	N	Y	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	Y	Y	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	Y	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	Y	Y	N	N	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	9.50	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.15	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.05	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

SOUTH CAROLINA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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SOUTH CAROLINA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2533.79	$278.46	NA	$70.22	$127.92
RATE PERIOD-					
BEGINS(MMDDYYYY)	0701	0701	NA	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	N	Y	N
RETROSPECTIVE	Y	Y	N	Y	Y
OTHER METHOD	N	N	N	Y	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	N
PER DIEM PLUS ADDITIONS	Y	Y	N	Y	N
PER DISCHARGE	Y	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	Y	N	N	N	Y
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	Y	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	Y	N	N	Y
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N
OTHER SERVICES	Y	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	Y	N
STATE OWNED	N	N	N	Y	N
OTHER CLASSIFICATION	Y	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

SOUTH CAROLINA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	Y	N	NA	NA
LOW INC UTIL RT THRSHLD	Y	Y	N	NA	NA
OTHER DSH DEFINITION	Y	Y	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	45.00	45.00	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	Y	Y	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	Y	Y	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	Y	Y	N	N	N
STATE TAX	Y	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	N	NA	NA
MEDICAID EXPANSION	Y	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

SOUTH CAROLINA

Inpatient Hospital Services

09/91 South Carolina reduced reimbursement by 25% for medical supplies, oxygen therapy, hospital services, monitoring, equipment, orthotics and prosthetics.

10/91 South Carolina limited inpatient admissions to 3 per fiscal year for beneficiaries age 21 or older.

07/91 South Carolina increased the per diem rate for administrative days to $70.33 for July 1 through August 31 and to $70.54 on September 1.

09/91 South Carolina reduced reimbursement for the following hospital sources:

HOSPITAL CARE	REIMBURSEMENT
Inpatient care, brief history	$28.00
Initial care, comprehensive	$40.00
Subsequent care, brief services	$ 9.60
Subsequent care, intermediate services	$13.60
EMERGENCY CARE	
ER care, in hospital	$24.00
ER care, not regular hours	$32.00
ER care, regular hours	$28.00

Outpatient Hospital Services

10/91 South Carolina Medicaid reduced its outpatient fee schedule.

Physician Services

09/91 South Carolina reduced reimbursement within the physician services programs. These reductions affected a significant number of codes resulting in a 6% overall reimbursement reduction for physician services.

Prescribed Drugs

09/91 South Carolina added a $1.50 per prescription copayment on all prescriptions.

Family Planning Services

03/91 South Carolina will no longer cover smoking cessation products and products to promote fertility.

04/91 South Carolina added coverage of the Norplant contraceptive.

Other Diagnostic, Screening and Preventive Services

03/91 South Carolina will no longer cover smoking cessation products and products to promote fertility.

Prosthetic Devices and Supplies

11/91 South Carolina now reimburses for prosthetic devices at 80% of current Medicare allowable rates. Apnea monitors are reimbursed at the Medicaid calculated rate of $174.20.

Durable Medical Equipment and Supplies

09/91 South Carolina reduced reimbursement by 25% for medical supplies, oxygen therapy, hospital services, monitoring, equipment, orthotics and prosthetics.

Nursing Facility Services

09/91 South Carolina Medicaid reduced reimbursement for the following nursing home services:

SERVICE DESCRIPTION	REIMBURSEMENT
Initial care, comprehensive history	$40.00
Subsequent care, brief service	$ 9.60
Subsequent care, limited service	$13.60
Subsequent care, intermediate service	$13.60

Home Health Services

10/91 South Carolina reduced reimbursement for home health services to 90% of the July 1, 1991, interim rates. Cost settlement will be limited to the lesser of allowable Medicare costs, charges, the Medicare costs limits, or the October 1, 1991 interim rate.

10/91 South Carolina limited home health visits to fifty per fiscal year.

South Dakota

Characteristics of the Medicaid State Plan as of March 1992

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS: — Y

1. Department of Social Services
   Kneip Building
   700 Governors Drive
   Pierre, SD 57501-2291

2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: — N

   N/A

3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C). — N

B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).

1. AFDC RELATED MEDICAID ONLY GROUPS:
   - A. THE TITLE IV-A AGENCY — Y
   - B. THE TITLE XIX AGENCY — N

2. SSI RECIPIENTS:
   - A. THE IV-A AGENCY — N
   - B. THE SOCIAL SECURITY ADMINISTRATION — Y
   - C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS — N
   - D. THE TITLE XIX AGENCY — N

3. AGED, BLIND, AND DISABLED MEDICAID ONLY:
   - A. THE TITLE IV-A AGENCY — Y
   - B. THE TITLE XIX AGENCY — N
   - C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND — N

C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: — Y

   DIVISION OF MEDICAL SERVICES

D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3). — Y

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* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

SOUTH DAKOTA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	N

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH DAKOTA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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SOUTH DAKOTA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH DAKOTA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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SOUTH DAKOTA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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SOUTH DAKOTA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300%
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$20000

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH DAKOTA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH DAKOTA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
SOUTH DAKOTA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	284.00	357.00	404.00	450.00	497.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH DAKOTA

	CAT/MED 1	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	YL	N
+FEDERALLY QUAL HLTH CTRS	YL	N
+OTHER LAB AND X-RAYS	Y	N
+NF (AGE 21 OR OLDER)	Y	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	YL	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	YL	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	YL	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	YL	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	N	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	N
+HOME HEALTH AIDE	YL	N
+MED SUPP/EQUIP/APPLIANCES	YL	N
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	YL	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	N	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	Y	N
MENTAL HEALTH CLINIC	Y	N
ALCOHOL & SUB ABUSE CLINIC	N	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	YL	N
END STAGE RENAL DISEASE	Y	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	Y	N
OCCUPATIONAL THERAPY	N	N
SPEECH DISORDERS	Y	N
HEARING DISORDERS	Y	N
LANGUAGE DISORDERS	Y	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	YL	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

SOUTH DAKOTA

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	N	N
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	YL	N
IMD INPAT HOSP (65 OR OLDER)	N	N
IMD NF (65 OR OLDER)	Y	N
ICF/MR	Y	N
INPAT PSYCH (UNDER 21)	N	N
+NURSE MIDWIFE	Y	N
HOSPICE CARE	N	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	YL	N
TCM - CHRON MENTALLY ILL	YL	N
TCM - PREGNANT WOMEN	YL	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	N	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	YL	N
+CERT FAM NURSE PRACTITIONER	YL	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	Y	N
EMERGENCY HOSP SERVICES	Y	N
PERSONAL CARE SERVICES	YL	N
TRANSPLANT SERVICES	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

SOUTH DAKOTA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	Y	Y	Y	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	N
FEE SCHEDULE?	NA	N	Y	Y	N	Y	Y	NA	Y
STATE DETERMINED?	NA	NA	Y	Y	NA	Y	Y	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	Y	Y	NA	N	Y	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	NA	N
PERCENT BILLED:%	NA	NA	60.00	60.00	NA	NA	50.00	NA	55.00
OTHER CHARGES	NA	N	Y	Y	N	N	Y	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	N	N	NA	N
MEDICARE REASONABLE	NA	Y	N	N	Y	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	Y	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	Y	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.50	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

SOUTH DAKOTA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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SOUTH DAKOTA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2902.24	$435.00	$181.65	$54.45	$136.06
RATE PERIOD-					
BEGINS(MMDDYYYY)	10011991	07011991	07011991	07011991	07011991
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	N	Y	Y
RETROSPECTIVE	Y	N	Y	N	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	Y	N	N	Y
PER DIEM PLUS ADDITIONS	N	N	N	Y	N
PER DISCHARGE	N	N	Y	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	Y	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	Y	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	N	N	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	Y	Y	Y	N	Y
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	Y
OTHER CLASSIFICATION	N	N	N	Y	N

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

SOUTH DAKOTA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	Y	Y	Y	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	1.00	1.00	1.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	Y	Y	Y	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Tennessee

Characteristics of the Medicaid State Plan as of March 1992

Tennessee covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Health 344 Cordell Hull Building Nashville, TN 37247-0101	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
BUREAU OF MEDICAID	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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TENNESSEE

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	Y
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TENNESSEE

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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TENNESSEE

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	Y
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	Y
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	Y
MEDICALLY NEEDY	Y
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TENNESSEE

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	N
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$0
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TENNESSEE

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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TENNESSEE

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	1221
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TENNESSEE

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TENNESSEE

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TENNESSEE

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
TENNESSEE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	95.00	142.00	185.00	226.00	264.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	175.00	192.00	250.00	308.00	358.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3100.00	3200.00	3300.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	N					

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U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TENNESSEE

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
PARENTAL INCOME EXCLUDED	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	Y
RESOURCE METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TENNESSEE

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	Y Y
+FEDERALLY QUAL HLTH CTRS	Y Y
+OTHER LAB AND X-RAYS	YL YL
+NF (AGE 21 OR OLDER)	YL YL
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	N N
PSYCHOLOGISTS	N N
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	Y Y
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	Y Y
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	N N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	YL YL
MENTAL HEALTH CLINIC	YL YL
ALCOHOL & SUB ABUSE CLINIC	YL YL
BIRTHING CENTER	Y Y
AMBULATORY SURGICAL CENTER	Y Y
END STAGE RENAL DISEASE	YL YL
MR/DAY TREATMENT	YL YL
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	N N
OCCUPATIONAL THERAPY	N N
SPEECH DISORDERS	N N
HEARING DISORDERS	N N
LANGUAGE DISORDERS	N N
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	N N
PROSTHETIC DEVICES	YL YL
EYEGLASSES	N N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TENNESSEE

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	N N
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	Y Y
ICF/MR	YL YL
INPAT PSYCH (UNDER 21)	YL YL
+NURSE MIDWIFE	YL YL
HOSPICE CARE	YL YL
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	YL YL
TCM - CHRON MENTALLY ILL	YL YL
TCM - PREGNANT WOMEN	YL YL
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	YL N
RESPIRATORY CARE SERVICES	YL YL
+CERT PED NURSE PRACTITIONER	N N
+CERT FAM NURSE PRACTITIONER	N N
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	YL YL
NF SERVICES (UNDER 21)	YL YL
EMERGENCY HOSP SERVICES	Y Y
PERSONAL CARE SERVICES	N N
TRANSPLANT SERVICES	Y Y

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Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TENNESSEE NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	NA	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	Y	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	Y	N
FEE SCHEDULE?	NA	Y	Y	Y	Y	NA	Y	Y	Y
STATE DETERMINED?	NA	N	Y	N	N	NA	Y	Y	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	Y	N	Y	Y	NA	N	N	N
CHARGES-									
MEDICARE	NA	Y	N	N	N	NA	N	Y	N
PERCENT BILLED:%	NA	85.00	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	NA	N	N	N
COSTS-									
STATE REASONABLE	NA	N	N	N	N	NA	N	Y	Y
MEDICARE REASONABLE	NA	Y	N	N	N	NA	N	Y	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	N	N
NEVADA	NA	N	N	N	N	NA	N	N	N
OTHER RVS	NA	N	N	N	N	NA	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	8.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	N	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.91	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$6.00	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

TENNESSEE NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

TENNESSEE INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$1711.26	$282.02	NA	$61.55	$220.33
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	0701	NA	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	N	Y	Y
RETROSPECTIVE	Y	Y	N	Y	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	Y	Y	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	Y	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

TENNESSEE INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	Y	N	NA	NA
LOW INC UTIL RT THRSHLD	Y	Y	N	NA	NA
OTHER DSH DEFINITION	Y	Y	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	2.00	1.00	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	N	NA	NA
OTHER FUNDING SOURCE	Y	Y	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	Y	Y	N	N	N
OTHER PROGRAM TYPE	Y	Y	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	N	NA	NA
MEDICAID EXPANSION	Y	Y	N	N	N
OTHER MEDICAID	Y	Y	N	N	N
NON-MEDICAID	Y	Y	N	N	N

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U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

TENNESSEE

Inpatient Hospital Services

12/91 Tennessee implemented a separate pre-approval certification process for inpatient admissions and continuing stays for psychiatric and substance abuse treatment services in acute care hospitals.

Physician Services

08/91 Tennessee established new maximum reimbursement rates for obstetrical care.

SERVICE	REIMBURSEMENT LIMIT
Routine obstetrical care including antepartum vaginal delivery and postpartum care	$1,100.00
Vaginal delivery only	725.00
Antepartum care only	375.00
Postpartum care only	50.00
Routine obstetrical care including antepartum, cesarean delivery and postpartum care	$1,300.00
Cesarean delivery only and postpartum care	925.00
Initial comprehensive obstetric visit	75.00
Routine follow-up antepartum visit	40.00

Psychologist Services

06/91 Tennessee revised reimbursement for mental health center services to a prospective payment schedule.

12/91 Tennessee implemented a separate pre-approval certification process for inpatient admissions and continuing stays for psychiatric and substance abuse treatment services in acute care hospitals.

Other Diagnostic, Screening and Preventive Services

01/91 Tennessee added coverage of tetanus and diphtheria Toxoids Absorbed, for adult use.

Substance Abuse Services

12/91 Tennessee implemented a separate pre-approval certification process for inpatient admissions and continuing stays for psychiatric and substance abuse treatment services in acute care hospitals.

Home Health Services

07/91 Tennessee revised its methodology for reimbursing home health agencies. Reimbursement is the lower of charges of cost per category of service capped at a statewide median cost for each category of service.

Texas

Characteristics of the Medicaid State Plan as of March 1992

Texas covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS: — Y

1. Department of Human Services
   P.O. Box 149030
   Austin, TX 78714-9030

2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: — N

   N/A

3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C). — N

B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).

1. AFDC RELATED MEDICAID ONLY GROUPS:
   A. THE TITLE IV-A AGENCY — Y
   B. THE TITLE XIX AGENCY — N

2. SSI RECIPIENTS:
   A. THE IV-A AGENCY — N
   B. THE SOCIAL SECURITY ADMINISTRATION — Y
   C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS — N
   D. THE TITLE XIX AGENCY — N

3. AGED, BLIND, AND DISABLED MEDICAID ONLY:
   A. THE TITLE IV-A AGENCY — Y
   B. THE TITLE XIX AGENCY — N
   C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND — Y

C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: — Y

   THE OFFICE OF THE DEPUTY COMMISSIONER FOR PROGRAMS

D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3). — Y

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* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TEXAS

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TEXAS

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y*
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TEXAS

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TEXAS

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$0
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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NA = NOT APPLICABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TEXAS

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	N
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	N
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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TEXAS

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 300%

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). NA

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$2000
(II)	FAMILY OF TWO	$2000
(III)	FAMILY OF THREE	$2000
(IV)	FAMILY OF FOUR	$2000
(V)	FAMILY OF FIVE	$2000

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. N

2. THE STATE USES A STANDARD OF $13,296. Y

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TEXAS

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TEXAS

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	19
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TEXAS

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	N
BLIND	N
DISABLED	N
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
TEXAS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	75.00	158.00	184.00	221.00	246.00	Y
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	100.00	211.00	267.00	301.00	349.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	1000.00	1000.00	1000.00	1000.00	1000.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	N					

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TEXAS

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	YL YL
+FEDERALLY QUAL HLTH CTRS	Y Y
+OTHER LAB AND X-RAYS	Y Y
+NF (AGE 21 OR OLDER)	Y Y
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	Y Y
+MED/SURG SERV OF A DENTIST	Y Y
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	Y Y
OPTOMETRISTS	YL YL
CHIROPRACTORS	YL YL
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	Y Y
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	Y Y
PHYSICAL THERAPY	N N
OCCUPATIONAL THERAPY	N N
SPEECH PATHOLOGY/AUDIOLOGY	N N
PRIVATE DUTY NURSING	N N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y Y
MENTAL HEALTH CLINIC	N N
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	N N
END STAGE RENAL DISEASE	N N
MR/DAY TREATMENT	N N
DENTAL SERVICES	N N
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	N N
SPEECH DISORDERS	N N
HEARING DISORDERS	N N
LANGUAGE DISORDERS	N N
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	N N
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

TEXAS

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL
SCREENING SERVICES	N
PREVENTIVE SERVICES	N
REHABILITATIVE SERVICES	YL
IMD INPAT HOSP (65 OR OLDER)	N
IMD NF (65 OR OLDER)	N
ICF/MR	Y
INPAT PSYCH (UNDER 21)	N
+NURSE MIDWIFE	Y
HOSPICE CARE	Y
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N
TCM - CHRON MENTALLY ILL	Y
TCM - PREGNANT WOMEN	Y
TCM - AIDS	N
TCM - HIV POSITIVE	N
TCM - DEVELOP DISABLED	Y
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	Y
RESPIRATORY CARE SERVICES	Y
+CERT PED NURSE PRACTITIONER	YL
+CERT FAM NURSE PRACTITIONER	Y
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL
CHRISTIAN SCI NURSES	N
CHRISTIAN SCI SANITORIUMS	Y
NF SERVICES (UNDER 21)	Y
EMERGENCY HOSP SERVICES	Y
PERSONAL CARE SERVICES	YL
TRANSPLANT SERVICES	Y

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL
SCREENING SERVICES	N
PREVENTIVE SERVICES	N
REHABILITATIVE SERVICES	YL
IMD INPAT HOSP (65 OR OLDER)	N
IMD NF (65 OR OLDER)	N
ICF/MR	Y
INPAT PSYCH (UNDER 21)	N
+NURSE MIDWIFE	Y
HOSPICE CARE	Y
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N
TCM - CHRON MENTALLY ILL	Y
TCM - PREGNANT WOMEN	Y
TCM - AIDS	N
TCM - HIV POSITIVE	N
TCM - DEVELOP DISABLED	Y
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	Y
RESPIRATORY CARE SERVICES	Y
+CERT PED NURSE PRACTITIONER	YL
+CERT FAM NURSE PRACTITIONER	Y
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL
CHRISTIAN SCI NURSES	N
CHRISTIAN SCI SANITORIUMS	Y
NF SERVICES (UNDER 21)	Y
EMERGENCY HOSP SERVICES	Y
PERSONAL CARE SERVICES	YL
TRANSPLANT SERVICES	Y

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TEXAS NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	N	N
FEE SCHEDULE?	NA	N	N	N	N	Y	Y	N	N
STATE DETERMINED?	NA	NA	NA	NA	NA	Y	Y	NA	NA
UPDATE YEAR	NA	NA	NA	NA	NA	NA	1991	NA	NA
MEDICARE	NA	NA	NA	NA	NA	N	N	NA	NA
CHARGES-									
MEDICARE	NA	Y	N	N	N	N	N	N	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	Y	Y	N	N	N	Y	Y
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	N	N	N	N
MEDICARE REASONABLE	NA	N	N	N	N	N	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	Y	N	N	N	N	N	N
NEVADA	NA	N	N	N	N	N	N	N	N
OTHER RVS	NA	N	N	N	N	N	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.49	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

TEXAS NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

TEXAS INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2374.81	NA	NA	$47.72	$75.78
RATE PERIOD-					
BEGINS (MMDDYYYY)	09111991	0901	NA	0101	01011992
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	N	Y	Y
RETROSPECTIVE	Y	Y	N	N	N
OTHER METHOD	Y	Y	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	Y	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	Y
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	Y	N
OTHER UNIT	Y	Y	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	Y	Y
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	Y	Y	N	N	N
OTHER TREND INDEX	Y	Y	N	Y	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	Y
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	Y
PEER GROUPING	N	N	N	Y	Y
HIGH/LOW COST	Y	Y	N	N	N
NUMBER OF BEDS	Y	N	N	N	Y
STATE OWNED	N	Y	N	N	Y
OTHER CLASSIFICATION	Y	N	N	N	Y

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

TEXAS INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	Y	Y	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	Y	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	Y	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	Y	Y	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	Y	N	N	N
STATE TAX	Y	Y	N	N	N
OTHER PROGRAM TYPE	Y	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	Y	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	Y	N	N	N
NON-MEDICAID	N	N	N	N	N

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U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

TEXAS

Outpatient Hospital Services

05/91 Texas added prior authorization as a requirement or maxillofacial/craniofacial surgery and destruction of cutaneous vascular proliferative lesions.

05/91 Texas adopted a disproportionate share program for State-owned teaching hospitals.

Physician Services

04/91 Texas increased payments for pediatricians, family practitioners, and obstetricians/gynecologists on four primary care procedure codes, vaginal delivery, and ante- and postpartum care.

09/91 Texas added coverage of services by certified registered nurse anesthetists.

Psychologist Services

06/91 Texas added rehabilitative services coverage for persons with mental illness.

Prescribed Drugs

01/91 Texas now reimburses EPSDT medical screens at $40. The follow-up visits will continue to be reimbursed at $6 per visit.

11/91 Texas removed the three-prescription limit for EPSDT-eligible clients and nursing facility residents.

EPSDT and Maternal and Infant Health Services

06/91 Texas added rental of apnea monitors for physicians providing this service. After the fourth month prior authorization is required.

06/91 Texas now covers all Medicaid EPSDT clients under age 21 for any health care service that is medically necessary and appropriate, and is a federally allowable Medicaid benefit, regardless of the limitations of the Texas Medicaid program or whether the client has had a formal EPSDT screen.

11/91 Texas removed the three-prescription limit for EPSDT-eligible clients and nursing facility residents.

Rehabilitative Services

06/91 Texas added rehabilitative services coverage for persons with mental illness.

Substance Abuse Services

05/91 Texas revised the spend down period for determining medically needy eligibility from six months to one.

Durable Medical Equipment and Supplies

08/91 Texas added rental of apnea monitors for physicians providing this service. After the fourth month prior authorization is required

Utah

Characteristics of the Medicaid State Plan as of March 1992

Utah covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Health P.O. Box 16700 Salt Lake City, UT 84116-0700	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	Y
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
DIVISION OF HEALTH CARE FINANCING AND STANDARDS	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

UTAH

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	Y
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	N

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

UTAH

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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U = UNAVAILABLE

UTAH

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

UTAH

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	N
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$328
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$320
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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UTAH

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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UTAH

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 300%

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. N

2. THE STATE USES A STANDARD OF $13,296. Y

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

UTAH

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	18
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

UTAH

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

UTAH

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
UTAH
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	233.00	323.00	402.00	470.00	536.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	350.00	430.00	536.00	626.00	714.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3025.00	3050.00	3075.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	1					
AND (MTH)	N					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

UTAH

INCOME METHODS	
AFDC RELATED GROUPS	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	N
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	N
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

UTAH

	CAT/MED
+INPATIENT HOSPITAL	YL
+OUTPATIENT HOSPITAL	YL
+RURAL HEALTH CLINICS	Y
+FEDERALLY QUAL HLTH CTRS	Y
+OTHER LAB AND X-RAYS	Y
+NF (AGE 21 OR OLDER)	Y
+EPSDT	Y
+FAM PLANNING & SUPPLIES	YL
+PHYSICIAN SERVICES	YL
+MED/SURG SERV OF A DENTIST	YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL
OPTOMETRISTS	YL
CHIROPRACTORS	N
PSYCHOLOGISTS	YL
MEDICAL SOCIAL WORKERS	N
NURSE ANESTHETISTS	N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL
+HOME HEALTH AIDE	Y
+MED SUPP/EQUIP/APPLIANCES	YL
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	N
SPEECH PATHOLOGY/AUDIOLOGY	YL
PRIVATE DUTY NURSING	YL
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y
MENTAL HEALTH CLINIC	YL
ALCOHOL & SUB ABUSE CLINIC	YL
BIRTHING CENTER	YL
AMBULATORY SURGICAL CENTER	YL
END STAGE RENAL DISEASE	Y
MR/DAY TREATMENT	N
DENTAL SERVICES	YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL
OCCUPATIONAL THERAPY	N
SPEECH DISORDERS	YL
HEARING DISORDERS	YL
LANGUAGE DISORDERS	YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL
DENTURES	YL
PROSTHETIC DEVICES	YL
EYEGLASSES	YL

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

UTAH

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL
SCREENING SERVICES	Y
PREVENTIVE SERVICES	YL
REHABILITATIVE SERVICES	YL
IMD INPAT HOSP (65 OR OLDER)	Y
IMD NF (65 OR OLDER)	Y
ICF/MR	Y
INPAT PSYCH (UNDER 21)	YL
+NURSE MIDWIFE	Y
HOSPICE CARE	Y
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	YL
TCM - CHRON MENTALLY ILL	YL
TCM - PREGNANT WOMEN	YL
TCM - AIDS	N
TCM - HIV POSITIVE	N
TCM - DEVELOP DISABLED	N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	Y
RESPIRATORY CARE SERVICES	N
+CERT PED NURSE PRACTITIONER	YL
+CERT FAM NURSE PRACTITIONER	YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	Y
CHRISTIAN SCI NURSES	N
CHRISTIAN SCI SANITORIUMS	N
NF SERVICES (UNDER 21)	Y
EMERGENCY HOSP SERVICES	Y
PERSONAL CARE SERVICES	YL
TRANSPLANT SERVICES	Y

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UTAH NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	N	Y	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	N	N
FEE SCHEDULE?	NA	Y	Y	Y	N	Y	Y	Y	Y
STATE DETERMINED?	NA	Y	Y	Y	NA	Y	Y	Y	Y
UPDATE YEAR	NA	NA	1982	NA	NA	NA	NA	NA	NA
MEDICARE	NA	N	N	Y	NA	N	N	N	N
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	N	N
PERCENT BILLED:%	NA	93.00	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	Y	Y	N	Y	Y	Y	Y
COSTS-									
STATE REASONABLE	NA	N	N	N	N	N	N	N	N
MEDICARE REASONABLE	NA	N	N	N	Y	N	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	N	N
NEVADA	NA	N	N	N	N	N	N	N	N
OTHER RVS	NA	N	Y	N	N	N	N	N	N
OTHER PAYMENT METHOD	NA	N	Y	N	N	Y	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	12.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

UTAH NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	Y	N	N	N	N	N	N	N
DONATION	NA	Y	NA	NA	NA	NA	NA	NA	NA
TAX	NA	N	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	N	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	N	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	N	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	Y	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	N	NA	NA	NA	NA	NA	NA	NA

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UTAH INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$884.00*	$128.00	$732.00*	$59.63	$86.05
RATE PERIOD-					
BEGINS (MMDDYYYY)	07011990*	07011991	07011990*	07011991	07011991
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	Y	Y	Y
RETROSPECTIVE	N	Y	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	N	Y	NA	NA
ALL INCLUSIVE PER DIEM	N	Y	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	Y	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	Y	N	N	Y	Y
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N*	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	N	N
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N*	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	Y	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	Y	N	N	N
OTHER CLASSIFICATION	N	N	Y	Y	Y

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

UTAH INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N*	N*	N*	NA	NA
INPT UTIL RATE THRSHLD	Y*	Y*	Y*	NA	NA
LOW INC UTIL RT THRSHLD	Y*	Y*	Y*	NA	NA
OTHER DSH DEFINITION	Y*	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N*	Y	N*	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	Y*	N	Y*	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	4.00*	1.00	1.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	Y	N	N	NA	NA
PROVIDER TAX	Y	N	N	NA	NA
GENERAL TAX	Y	Y	Y	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	Y	Y	Y	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	Y*	N	NA	NA
MEDICAID EXPANSION	Y	Y	Y	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

UTAH

Inpatient Hospital Services

07/91 Utah Medicaid no longer covers bone marrow transplants for beneficiaries 21 and older. Bone marrow transplants are still a covered service for beneficiaries under age 21.

Outpatient Hospital Services

01/91 Utah established a fixed fee of $2,800 for lithotripsy services in an outpatient hospital setting. The fixed fee applies to all services related to lithotripsy for 90 days with the exception of physician services, which are billed separately.

01/91 Utah revised payment for outpatient hospital lithotripsy services to the lower of either the amount billed or the established Medicaid rate.

05/91 Utah now reimburses outpatient hospital claims at 70% of allowed charges for urban hospitals and 93% of allowed charges for rural hospitals. Exceptions are lithotripsy, federally qualified health centers, and laboratory and radiology services.

Rural Health Clinic Services

04/91 Utah eliminated coverage of the following services for Medically Needy beneficiaries:
- methadone treatment;
- ambulatory surgical;
- rural health services;
- vision services;
- psychology services;
- optical supplies; and
- speech and hearing services.

Clinic Services

04/91 See Rural Health Clinic Services above.

Physician Services

07/91 Utah increased physician fees by 7% to providers in rural areas.

Speech, Hearing and Language Therapy Services

04/91 See Rural Health Clinic Services above.

Psychologist Services

04/91 See Rural Health Clinic Services above.

Substance Abuse Services

04/91 See Rural Health Clinic Services above.

07/91 Utah removed the prior authorization requirement for inpatient hospital alcohol or drug detoxification.

Eyeglasses

04/91 See Rural Health Clinic Services above.

Personal Care Services

07/91 Utah now covers private duty nursing services:

1. for ventilator-dependent individuals who meet established criteria;

2. at an individual's home to prevent prolonged institutionalization, based on a physician's order and a written plan of care to be reviewed every 60 days; and

3. to meet medically necessary care needs and develop confidence in family caregivers.

Hospice Services

01/91 Utah has established new rates for Medicaid beneficiaries receiving hospice care who are not in a nursing home. Rates will be based on one of four predetermined Medicare rates. The appropriate rate is determined based on the type and intensity of services for that individual according to one of the following levels of care, inpatient respite care, or general inpatient care.

Vermont

Characteristics of the Medicaid State Plan as of March 1992

Vermont covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS: — Y

1. Vermont Agency of Human Services
   103 South Main Street
   Waterbury, VT 05676-0204

2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: — N

   N/A

3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C). — N

B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).

1. AFDC RELATED MEDICAID ONLY GROUPS:
   - A. THE TITLE IV-A AGENCY — N
   - B. THE TITLE XIX AGENCY — Y

2. SSI RECIPIENTS:
   - A. THE IV-A AGENCY — N
   - B. THE SOCIAL SECURITY ADMINISTRATION — Y
   - C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS — N
   - D. THE TITLE XIX AGENCY — N

3. AGED, BLIND, AND DISABLED MEDICAID ONLY:
   - A. THE TITLE IV-A AGENCY — N
   - B. THE TITLE XIX AGENCY — Y
   - C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND — N

C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: — Y

   MEDICAID DIVISION

D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3). — Y

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VERMONT

RISK CONTRACTS (2.1)

A. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B. THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A. PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B. THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C. THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D. THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES (4.35(D)).	N
E. DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F. THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G. LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H. THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I. THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VERMONT

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	Y
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VERMONT

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	18
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	Y
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	18
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VERMONT

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$40
B. FOR COUPLES	$40
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	U
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	Y
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$354
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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VERMONT

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12

E. STANDARDS AND METHODS

1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	185
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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VERMONT

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VERMONT

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VERMONT

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VERMONT

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	21
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
VERMONT
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	465.00	567.00	673.00	755.00	845.00	Y
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	758.00	758.00	900.00	1008.00	1133.00	Y
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3150.00	3300.00	3450.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	1					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VERMONT

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VERMONT

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	YL YL
+FEDERALLY QUAL HLTH CTRS	YL YL
+OTHER LAB AND X-RAYS	Y Y
+NF (AGE 21 OR OLDER)	YL YL
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	YL YL
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	YL YL
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	N N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	Y Y
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	YL YL
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y Y
MENTAL HEALTH CLINIC	Y Y
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	N N
END STAGE RENAL DISEASE	N N
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH DISORDERS	YL YL
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	YL YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	YL YL
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VERMONT

	CAT/MED	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	YL	YL
SCREENING SERVICES	YL	YL
PREVENTIVE SERVICES	YL	YL
REHABILITATIVE SERVICES	YL	YL
IMD INPAT HOSP (65 OR OLDER)	Y	Y
IMD NF (65 OR OLDER)	YL	YL
ICF/MR	Y	Y
INPAT PSYCH (UNDER 21)	Y	Y
+NURSE MIDWIFE	YL	YL
HOSPICE CARE	Y	Y
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	YL	YL
TCM - CHRON MENTALLY ILL	Y	Y
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	N	N
RESPIRATORY CARE SERVICES	YL	YL
+CERT PED NURSE PRACTITIONER	YL	YL
+CERT FAM NURSE PRACTITIONER	YL	YL
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	YL
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	YL	YL
NF SERVICES (UNDER 21)	YL	YL
EMERGENCY HOSP SERVICES	YL	YL
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	Y	Y

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Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
960 + = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

VERMONT NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	N	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	Y	Y	NA	Y	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	NA	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	NA	N	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	NA	N	N	NA	N
FEE SCHEDULE?	NA	N	Y	Y	NA	Y	Y	NA	Y
STATE DETERMINED?	NA	NA	Y	Y	NA	Y	Y	NA	Y
UPDATE YEAR	NA	NA	1991	1991	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	NA	N	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	NA	N	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	NA	N	N	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	NA	N	N	NA	N
MEDICARE REASONABLE	NA	Y	N	N	NA	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	NA	N	N	NA	N
NEVADA	NA	N	N	N	NA	N	N	NA	N
OTHER RVS	NA	N	N	N	NA	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	NA	Y	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	10.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.25	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$7.50	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

VERMONT NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	NA	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	NA	N	N	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

VERMONT INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$0.00	NA	NA	$80.63	NA
RATE PERIOD-					
BEGINS(MMDDYYYY)	0101	0701	NA	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	N	Y	Y
RETROSPECTIVE	N	Y	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	Y	Y	N	Y	N
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	Y	Y
CONSUMER PRICE INDEX	N	N	N	Y	Y
OTHER TREND INDEX	Y	Y	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

VERMONT INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	Y	Y	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	Y	N	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	Y	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	NA	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	Y	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	N	Y	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	Y	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	Y	N	N	NA	NA
MEDICAID EXPANSION	Y	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE

NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section Six: NGA 1991 Changes in the Medicaid Program

VERMONT

General

03/91 Vermont proposed instituting co-payments for certain services as follows:

1. $50 of the Medicaid hospital per diem rate for the first day of an inpatient hospital stay in a general hospital.

2. $3.00 per day per hospital for outpatient services.

3. $1.00 per day per provider for physician services, not to exceed $30.00 in any calendar year.

4. $1.00 per prescription, original or refill.

Exempted from the co-pay will be patients in a LTC facility or under the age of 18. Other exceptions include: services reimbursed by the Dept. of Mental Health & Mental Retardation, the Office of Alcohol and Drug Abuse Programs, and the Dept. of Health; services provided by and HMO or other prepaid health plan; emergency hospital services; pregnancy-related services furnished to women, home health, hospice, and home and community-based services for the elderly and disabled; services provided by other licensed practitioners; services provided by rural health clinics and FQHCs; eyeglasses and other related parts; independent laboratory services; X-ray interpretations; transportation, including ambulances; medical supplies; durable medical equipment purchases and rentals and nursing services; oxygen and respiratory equipment and supplies; and family planning services.

Inpatient Hospital Services

06/91 Vermont established the Health Care Improvement Program (HCIP). The program establishes a trust fund for the benefit of hospitals serving a disproportionate share of Medicaid beneficiaries.

10/91 Vermont established a supplemental disproportionate share program for hospitals. Hospitals with 5% or more Medicaid days qualify for this payment. The annual payment shall be calculated by dividing the qualified Medicaid inpatient days of each hospital by the total of such inpatient days of all eligible hospitals.

Other Approaches

10/91 Vermont established a supplement disproportionate share program for hospitals. Hospitals with 5% or more Medicaid days qualify for this payment. The annual payment shall be calculated by dividing the qualified Medicaid inpatient days of each hospital by the total of such inpatient days of all eligible hospitals.

Virginia

Characteristics of the Medicaid State Plan as of March 1992

Virginia is a 209(b) State and covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, VA 23219	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	Y
B. THE SOCIAL SECURITY ADMINISTRATION	N
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	N
THE SINGLE STATE AGENCY IS THE MEDICAID AGENCY	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

VIRGINIA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	N
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VIRGINIA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	Y
PART A BUY-IN AGREEMENT	N
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VIRGINIA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VIRGINIA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	Y
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$30
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$325
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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NA = NOT APPLICABLE

VIRGINIA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	N
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	Y
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	N
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	133
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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NA = NOT APPLICABLE

VIRGINIA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300%
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	100
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	N
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$13740

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NA = NOT APPLICABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VIRGINIA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VIRGINIA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VIRGINIA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	N
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
VIRGINIA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	220.00	294.00	354.00	410.00	488.00	Y
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	325.00	400.00	442.00	483.00	525.00	Y
AGED, BLIND, AND DISABLED (209(B))	325.00	400.00	442.00	483.00	525.00	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3100.00	3200.00	3300.00	
AGED, BLIND, AND DISABLED (209(B))	2000.00	3000.00	3100.00	3200.00	3300.00	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	N					

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VIRGINIA

AGED	Y
BLIND	Y
DISABLED	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	Y
DISABILITY LIMITED TO AGE 18 AND OLDER	N
MORE RESTRICTIVE INCOME METHODS	N
MORE RESTRICTIVE RESOURCE METHODS	5
MORE RESTRICTIVE INCOME STANDARDS	N
URBAN/ALL	
1-PERSON	NA
2-PERSONS	NA
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N
MORE RESTRICTIVE RESOURCE STANDARDS	N
URBAN/ALL	
1-PERSON	NA
2-PERSONS	NA
3-PERSONS	NA
4-PERSONS	NA
5-PERSONS	NA
RURAL VARIANCES EXIST	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICABLE

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VIRGINIA

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
PARENTAL INCOME EXCLUDED	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	N
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VIRGINIA

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	YL YL
+RURAL HEALTH CLINICS	Y Y
+FEDERALLY QUAL HLTH CTRS	Y* Y*
+OTHER LAB AND X-RAYS	Y Y
+NF (AGE 21 OR OLDER)	Y Y
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	YL YL
OPTOMETRISTS	YL YL
CHIROPRACTORS	N N
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	N N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	N N
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	YL YL
MENTAL HEALTH CLINIC	YL YL
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	Y Y
END STAGE RENAL DISEASE	Y Y
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH DISORDERS	YL YL
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	YL YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	N N
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

VIRGINIA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	N N
REHABILITATIVE SERVICES	Y Y
IMD INPAT HOSP (65 OR OLDER)	Y N
IMD NF (65 OR OLDER)	Y N
ICF/MR	Y N
INPAT PSYCH (UNDER 21)	N N
+NURSE MIDWIFE	Y Y
HOSPICE CARE	Y Y
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	N N
TCM - CHRON MENTALLY ILL	Y Y
TCM - PREGNANT WOMEN	Y Y
TCM - AIDS	N N
TCM - HIV POSITIVE	N N
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	N N
+CERT PED NURSE PRACTITIONER	YL YL
+CERT FAM NURSE PRACTITIONER	YL YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	Y Y
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	Y Y
NF SERVICES (UNDER 21)	Y Y
EMERGENCY HOSP SERVICES	Y Y
PERSONAL CARE SERVICES	N N
TRANSPLANT SERVICES	Y Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

VIRGINIA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	Y	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	Y	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	N	N	N	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	N	N	N	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	N	N
FEE SCHEDULE?	NA	N	Y	Y	N	Y	Y	N	Y
STATE DETERMINED?	NA	NA	Y	Y	NA	Y	Y	NA	Y
UPDATE YEAR	NA	NA	1991	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	NA	N	N	NA	Y
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	N	N
PERCENT BILLED:%	NA	NA	0.00	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	Y	N	N	N	N	N	N
COSTS-									
STATE REASONABLE	NA	Y	N	N	N	N	N	N	N
MEDICARE REASONABLE	NA	N	N	N	Y	N	N	Y	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	N	N
NEVADA	NA	N	N	N	N	N	N	N	N
OTHER RVS	NA	N	N	N	N	N	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	N	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	9.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	N	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$4.40	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.40	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

VIRGINIA NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	N	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	N	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

VIRGINIA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$0.00	$200.16	NA	$62.58	$168.95
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	0701	0701	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	Y	N	Y	Y	N
RETROSPECTIVE	N	Y	N	N	Y
OTHER METHOD	Y	N	N	Y	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	Y	Y	Y	N	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	Y	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	Y	N	N	Y
DRI REGIONAL	Y	N	Y	Y	N
HCFA MARKET BASKET	Y	N	Y	Y	Y
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	N	N
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	Y	N	Y	Y	N
PEER GROUPING	Y	N	Y	Y	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	Y	N	Y	N	N
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

VIRGINIA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	Y	Y	Y	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	Y	N	Y	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N	N	N	NA	NA
SECT 1923(C)(2)	N	N	N	NA	NA
SECT 1923(C)(3)	Y	Y	Y	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	$0.00	NA	$0.00	NA	NA
MIN PAYMENT PCT%	8.00	8.00	8.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
Y = YES; N = NO; U = UNAVAILABLE; NA = NO DATA IN STATE PLAN OR NOT APPLICABLE
NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section Six: NGA 1991 Changes in the Medicaid Program

VIRGINIA

Inpatient Hospital Services

08/91 Virginia implemented a pre-authorization and utilization review process for long-stay acute care hospitals.

Outpatient Hospital Services

08/91 Virginia eliminated the second surgical opinion requirement on certain surgical procedures.

01/91 Virginia implemented a program to authorize services and conduct utilization reviews outpatient rehabilitative services.

07/91 Virginia implemented a fee reduction program for the delivery of non-emergency services provided in hospital emergency departments.

Physical Therapy Services

10/91 Virginia expanded Medicaid provider enrollment to permit local school divisions to be enrolled as Medicaid providers of physical, occupational and speech therapies.

Occupational Therapy Services

10/91 See Physical Therapy Services above.

Speech, Hearing and Language Therapy Services

10/91 See Physical Therapy Services above.

Psychologist Services

07/91 Virginia added case management services for persons having conditions of mental retardation who qualify for home and community-based services. Effective 7/1/91.

12/91 Virginia now reimburses for inpatient psychiatric services provided under its EPSDT Program.

Prescribed Drug

07/91 Virginia now covers Clozaril for severely ill schizophrenic patients.

EPSDT and Maternal and Infant Health Services

10/91 Virginia increased maximum payments for services to pediatric and obstetric patients.

12/91 Virginia now reimburses for inpatient psychiatric services provided under its EPSDT program.

Rehabilitative Services

01/91 Virginia implemented a program to authorize services and conduct utilization reviews of outpatient rehabilitative Services.

Nursing Facility Services

09/91 Virginia increased per-patient-day ceilings for full-service management fees in nursing facilities. The new ceilings are:

Aug. 1 - Dec. 31, 1990	$2.81
Jan. 1 - Dec. 31, 1991	2.97

03/91 Virginia eliminated Medicaid payments for reserving nursing facility beds.

Home Health Services

01/91 Virginia implemented an authorization and utilization review process for home health services.

06/91 Virginia implemented fee-for-services reimbursement for home health services.

Case Management

07/91 Virginia added case management services for persons having conditions of mental retardation who qualify for home and community-based services. Effective 7/1/91.

07/91 Virginia developed a system of case management for elderly Virginians.

08/91 Virginia implemented a pre-authorization and utilization review process for long-stay acute care hospitals.

10/91 Virginia initiated a Drug Utilization Review Program for long-term care facilities.

10/91 Virginia initiated managed care pilot programs for AFDC beneficiaries.

Hospice Services

07/91 Virginia added hospice care coverage provided by Medicare-certified hospices licensed in Virginia and enrolled as Medicaid providers.

Community-Based Long Term Care Services

10/91 Virginia initiated a Drug Utilization Review Program for long-term care facilities.

Claims Processing

07/91 Virginia reduced the number of threshold days from 21 to 14 at which manual utilization reviews of inpatient hospital claims will be performed.

Washington

Characteristics of the Medicaid State Plan as of March 1992

Washington covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Social and Health Services P.O. Box 45010 Olympia, WA 98504-0095	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	N
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
DIVISION OF MEDICAL ASSISTANCE	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WASHINGTON

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	N
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	Y
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WASHINGTON

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	Y
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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WASHINGTON

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WASHINGTON

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	N

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$42
B. FOR COUPLES	$83
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$42
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	Y
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$180

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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WASHINGTON

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	U
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	185
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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NA = NOT APPLICABLE

WASHINGTON

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A).	300
F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A).	N
2. RESOURCE STANDARD	
A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1).	$0
B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):	
(I) FAMILY OF ONE	$0
(II) FAMILY OF TWO	$0
(III) FAMILY OF THREE	$0
(IV) FAMILY OF FOUR	$0
(V) FAMILY OF FIVE	$0
F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).	
1. THE STATE USES A STANDARD OF $66,480.	Y
2. THE STATE USES A STANDARD OF $13,296.	N
3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS:	$0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WASHINGTON

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	Y
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WASHINGTON

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	U
PREGNANT WOMEN	U
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	Y
DISABLED IN GROUP LIVING	Y
OTHER	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	21
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WASHINGTON

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	21
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21
IN NFS UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	21

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
WASHINGTON
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	339.00	428.00	531.00	624.00	719.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	458.00	575.00	650.00	725.00	833.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3050.00	3100.00	3150.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	3					
AND (MTH)	6					

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MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WASHINGTON

INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	U
PARENTAL INCOME EXCLUDED	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	U
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WASHINGTON

	CAT/MED
+INPATIENT HOSPITAL	YL YL
+OUTPATIENT HOSPITAL	Y Y
+RURAL HEALTH CLINICS	Y Y
+FEDERALLY QUAL HLTH CTRS	Y Y
+OTHER LAB AND X-RAYS	YL YL
+NF (AGE 21 OR OLDER)	YL YL
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	YL YL
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	N N
OPTOMETRISTS	YL YL
CHIROPRACTORS	N N
PSYCHOLOGISTS	YL N
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	N N
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	YL YL
+HOME HEALTH AIDE	YL YL
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH PATHOLOGY/AUDIOLOGY	YL YL
PRIVATE DUTY NURSING	YL YL
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y Y
MENTAL HEALTH CLINIC	N N
ALCOHOL & SUB ABUSE CLINIC	N N
BIRTHING CENTER	N N
AMBULATORY SURGICAL CENTER	N N
END STAGE RENAL DISEASE	N N
MR/DAY TREATMENT	N N
DENTAL SERVICES	YL YL
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	YL YL
OCCUPATIONAL THERAPY	YL YL
SPEECH DISORDERS	YL N
HEARING DISORDERS	YL N
LANGUAGE DISORDERS	N N
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	YL YL
DENTURES	YL YL
PROSTHETIC DEVICES	YL YL
EYEGLASSES	YL YL

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WASHINGTON

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	YL N
SCREENING SERVICES	N N
PREVENTIVE SERVICES	YL YL
REHABILITATIVE SERVICES	YL YL
IMD INPAT HOSP (65 OR OLDER)	Y Y
IMD NF (65 OR OLDER)	Y Y
ICF/MR	Y Y
INPAT PSYCH (UNDER 21)	Y Y
+NURSE MIDWIFE	YL YL
HOSPICE CARE	YL N
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	YL YL
TCM - CHRON MENTALLY ILL	N N
TCM - PREGNANT WOMEN	YL YL
TCM - AIDS	YL YL
TCM - HIV POSITIVE	YL YL
TCM - DEVELOP DISABLED	N N
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N N
RESPIRATORY CARE SERVICES	Y Y
+CERT PED NURSE PRACTITIONER	YL YL
+CERT FAM NURSE PRACTITIONER	YL YL
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL YL
CHRISTIAN SCI NURSES	N N
CHRISTIAN SCI SANITORIUMS	N N
NF SERVICES (UNDER 21)	YL YL
EMERGENCY HOSP SERVICES	Y Y
PERSONAL CARE SERVICES	YL N
TRANSPLANT SERVICES	Y Y

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

WASHINGTON NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y	Y	Y	Y	NA	Y	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	N	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	N	NA	N
FEE SCHEDULE?	NA	Y	Y	Y	N	NA	Y	NA	Y
STATE DETERMINED?	NA	Y	Y	Y	NA	NA	Y	NA	Y
UPDATE YEAR	NA	1986	1991	1988	NA	NA	NA	NA	NA
MEDICARE	NA	N	N	N	NA	NA	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	NA	N	NA	N
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	NA	N	NA	N
MEDICARE REASONABLE	NA	N	N	N	N	NA	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	100.00	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	100.00	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	N	NA	N
NEVADA	NA	N	N	N	N	NA	N	NA	N
OTHER RVS	NA	N	N	N	N	NA	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	Y	NA	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	11.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.24	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$4.33	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

WASHINGTON NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	Y	N	N	N	NA	N	NA	N
DONATION	NA	N	NA	NA	NA	NA	NA	NA	NA
TAX	NA	Y	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	N	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	Y	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	N	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	N	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	N	NA	NA	NA	NA	NA	NA	NA

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WASHINGTON INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2072.00	NA	NA	$78.00	$180.63
RATE PERIOD-					
BEGINS (MMDDYYYY)	0401	0701	0701	07011991	07011988
METHOD OF PAYMENT-					
PROSPECTIVE	Y	Y	Y	Y	Y
RETROSPECTIVE	N	N	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y	Y	Y	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	Y
PER DIEM PLUS ADDITIONS	N	N	N	Y	N
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	Y	Y	Y	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	Y	N	Y	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	N	N	N	Y	Y*
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N	N	N	N	N
RESERVED BED DAYS	N	Y	N	N	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	Y	N
PEER GROUPING	Y	Y	Y	N	N
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	Y
STATE OWNED	N	N	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

WASHINGTON INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	N	N	N	NA	NA
SECT 1923(C) (2)	Y	Y	Y	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	25.00	25.00	25.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

WASHINGTON

General

02/91 Washington established an expedited Medicaid disability program for individuals 18 years of age and older. This program is designed to assist general assistance - unemployable clients who have a disability decision pending with SSA by providing the full scope of medical care.

Inpatient Hospital Services

08/91 Washington removed the prior authorization requirement for critical care services.

Outpatient Hospital Services

12/91 Washington now requires prior authorization before a polysomnogram is performed for any patient over one year of age.

Physician Services

01/91 Washington increased reimbursement for the following procedures when provided by licensed midwives or physicians:

SERVICE DESCRIPTION	MAXIMUM ALLOWANCE
Routine antepartum care, 1st trimester	$125.04
Routine antepartum care, 2nd trimester	125.04
Routine antepartum care, 3rd trimester	349.96
Antepartum care only (all 3 trimesters)	600.04
Postpartum care only	69.77
Routine obstetric care including antepartum care, vaginal delivery, and postpartum care	1,200.00
Vaginal delivery only, including postpartum care	600.04
Midwife assistance at C-section	161.36

Nurse Practitioner, Midwife, Physician Extender Services

01/91 See Physician Services above.

Dentist Services

12/91 Washington no longer covers dental services for adults over age 21 in the Medically Needy program.

Chiropractor Services

12/91 Washington no longer covers chiropractic services for adults over age 21 in the categorically needy and general assistance-unemployable program.

Psychologist Services

07/91 Washington has established the following process for authorizing Clozaril:

1. It must be prescribed by a psychiatrist or a psychiatric advanced practitioner who is an RN.
2. The prescribing practitioner must complete an application.
3. Documentation must be provided which shows:
   a. the clients condition must meet DSM-III-R criteria for schizophrenia or schizophrenia disorder;
   b. two or more conventional antipsychotics from different chemical families have been tried for at least six weeks each; and
   c. the client is documented to have tardive dyskinesia.

12/91 Washington eliminated the prior authorization requirement for inpatient psychiatric admissions of clients 20 years of age and younger, unless the primary admitting diagnosis is anorexia nervosa or bulimia, or is related to substance abuse, intoxication, withdrawal, or dependence. Required are pre-admission certification by an independent team for non-emergent admissions and post-admission certification by the treatment team for emergent admissions, or admissions prior to medical eligibility.

Lab and X-Ray Services

07/91 Washington now covers radiologic examination of the spine. The maximum reimbursement rate is $17.86 per unit.

Family Planning Services

03/91 Washington revised reimbursement for the following family planning services:

Service	Maximum Allowance
Diaphragm fitting with instructions	$28.91
Insertion of Intrauterine Device (IUD)	$47.30

03/91 Washington established the following rates for the Norplant system birth control method:

DESCRIPTION	ALLOWABLE
Implantation of Norplant system	$40.47
Removal of Norplant system	55.19
Removal and reimplantation of a new Norplant system	80.42
Norplant system kit	350.00+tax

EPSDT and Maternal and Infant Health Services

01/91 Washington revised reimbursement for immunizations when materials are obtained from the health department. Providers should bill for a minimal office visit or a healthy kids screening (EPSDT). In addition to payment for the visit, the provider will receive $4.07 for administering the immunization.

Home Health Services

01/91 Washington increased reimbursement by 4 percent for all services under the home health and special duty nurse programs.

11/91 Washington will now reimburse home health agencies for administering flu vaccine injections at community locations such as senior centers. The maximum payment allowed is $7.15 per injection.

Personal Care Services

01/91 Washington increased reimbursement by 4 percent for all services under the home health and special duty nurse programs.

Eligibility

01/91 Washington expanded coverage to children under age 18, up to 100% of FPL, through the State-funded Children's Health Program.

02/91 Washington established an expedited Medicaid disability program for individuals 18 years of age and older. This program is designed to assist general assistance - unemployable clients who have a disability decision pending with SSA by providing the full scope of Medical care.

03/91 Washington changed eligibility determination for a pregnant minor living with her parents. Under the new eligibility process, the income of the pregnant minor's parents is not counted unless it is actually received by the minor.

West Virginia

Characteristics of the Medicaid State Plan as of March 1992

West Virginia covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y*
1. Department of Health and Human Resources* Building 3, Room 206, State Capitol Complex Charleston, WV 25305	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y*
OFFICE OF MEDICAL SERVICES*	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WEST VIRGINIA

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	N
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	N
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WEST VIRGINIA

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	U
INDIVIDUALS RECEIVING TITLE-II OR RRB	U
MEDICALLY NEEDY	U
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	U
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	N
DUAL ELIGIBLES	N
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	N
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WEST VIRGINIA

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	18
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	18
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	18
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WEST VIRGINIA

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	N
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	N
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	$0
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$175
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WEST VIRGINIA

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	6
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	150
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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WEST VIRGINIA

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 300%

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. N

2. THE STATE USES A STANDARD OF $13,296. Y

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WEST VIRGINIA

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	N
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WEST VIRGINIA

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	19
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	18
IN NFS UNDER (AGE)	18
IN ICFS/MR UNDER (AGE)	18
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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U = UNAVAILABLE

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WEST VIRGINIA

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	Y
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	19
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
WEST VIRGINIA
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	145.00	201.00	249.00	312.00	360.00	Y
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	200.00	275.00	290.00	312.00	360.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3050.00	3100.00	3150.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	U					

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NA = NOT APPLICABLE

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WEST VIRGINIA

	CAT/MED
+INPATIENT HOSPITAL	Y* Y*
+OUTPATIENT HOSPITAL	Y Y
+RURAL HEALTH CLINICS	Y Y
+FEDERALLY QUAL HLTH CTRS	Y Y
+OTHER LAB AND X-RAYS	Y Y
+NF (AGE 21 OR OLDER)	Y Y
+EPSDT	Y Y
+FAM PLANNING & SUPPLIES	Y Y
+PHYSICIAN SERVICES	Y Y
+MED/SURG SERV OF A DENTIST	YL YL
OTHER LICENSED PRACTITIONERS	
PODIATRISTS	Y Y
OPTOMETRISTS	YL YL
CHIROPRACTORS	YL YL
PSYCHOLOGISTS	YL YL
MEDICAL SOCIAL WORKERS	N N
NURSE ANESTHETISTS	Y Y
HOME HEALTH SERVICES	
+HOME HEALTH NURSING	Y Y
+HOME HEALTH AIDE	Y Y
+MED SUPP/EQUIP/APPLIANCES	YL YL
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	Y Y
SPEECH PATHOLOGY/AUDIOLOGY	Y Y
PRIVATE DUTY NURSING	YL YL
CLINIC SERVICES	
MATERNAL&CHILD HLTH CLINIC	Y Y
MENTAL HEALTH CLINIC	Y Y
ALCOHOL & SUB ABUSE CLINIC	Y Y
BIRTHING CENTER	Y Y
AMBULATORY SURGICAL CENTER	Y Y
END STAGE RENAL DISEASE	Y Y
MR/DAY TREATMENT	Y Y
DENTAL SERVICES	Y* Y*
PHYS THERAPY & REL SERVICES	
PHYSICAL THERAPY	Y Y
OCCUPATIONAL THERAPY	N N
SPEECH DISORDERS	Y Y
HEARING DISORDERS	YL YL
LANGUAGE DISORDERS	YL YL
PRESCRIBED ITEMS	
PRESCRIBED DRUGS	Y Y
DENTURES	YL YL
PROSTHETIC DEVICES	Y Y
EYEGLASSES	YL YL

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
1022 + = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WEST VIRGINIA

	CAT/MED
OTHER PROFESSIONAL SERVICES	
DIAGNOSTIC SERVICES	N
SCREENING SERVICES	N
PREVENTIVE SERVICES	N
REHABILITATIVE SERVICES	YL*
IMD INPAT HOSP (65 OR OLDER)	Y*
IMD NF (65 OR OLDER)	N
ICF/MR	YL
INPAT PSYCH (UNDER 21)	Y
+NURSE MIDWIFE	Y
HOSPICE CARE	N
TARGETED CASE MGMT SERVICES	
TCM - UNDER 21	Y
TCM - CHRON MENTALLY ILL	Y
TCM - PREGNANT WOMEN	Y
TCM - AIDS	N
TCM - HIV POSITIVE	N
TCM - DEVELOP DISABLED	Y
PRESUMPTIVE ELIGIBILITY	
AMBULATORY PRENATAL CARE	N
RESPIRATORY CARE SERVICES	Y
+CERT PED NURSE PRACTITIONER	N
+CERT FAM NURSE PRACTITIONER	N
OTHER CARE RECOG BY STATE LAW	
TRANSPORTATION SERVICES	YL
CHRISTIAN SCI NURSES	N
CHRISTIAN SCI SANITORIUMS	N
NF SERVICES (UNDER 21)	Y
EMERGENCY HOSP SERVICES	Y
PERSONAL CARE SERVICES	Y
TRANSPLANT SERVICES	Y
	YL*
	Y*
	N
	YL
	Y
	Y
	N
	Y
	Y
	Y
	N
	N
	Y
	N
	N
	N
	YL
	N
	N
	Y
	Y
	Y
	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

WEST VIRGINIA NON-INSTITUTIONAL PAYMENT METHOOOLOGY
EFFECTIVE MEOICAID STATE PLAN AS OF 03/11/92, FOR OATA ENTEREO BY 03/12/92

	PRESC ORUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PEO	NURSE MOWIF	MCH CLNIC	OENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y*	Y	Y	Y	Y	N	Y	Y	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	Y	Y	Y	NA	Y	Y	Y
ENCOUNTER LENGTH	NA	N	N	N	N	NA	N	N	N
EPSOT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	Y	N	N	N	NA	N	N	N
METHOO OF RATE OETERMINATION-									
NEGOTIATEO RATES	NA	N	N	N	N	NA	N	N	N
FEE SCHEOULE?	NA	Y	Y	Y	Y	NA	Y	Y	Y
STATE OETERMINEO?	NA	Y	Y	N	N	NA	Y	Y	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEOICARE	NA	N	N	Y	Y	NA	N	N	N
CHARGES-									
MEOICARE	NA	N	N	Y	Y	NA	N	N	N
PERCENT BILLEO:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	N	N	N	NA	N	N	N
COSTS-									
STATE REASONABLE	NA	N	N	Y	N	NA	N	N	N
MEOICARE REASONABLE	NA	N	N	Y	Y	NA	N	N	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TRENO FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	Y	N	N	NA	N	N	N
NEVAOA	NA	N	N	N	N	NA	N	N	N
OTHER RVS	NA	N	N	Y	N	NA	N	N	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	N	N	Y
ORUG REIMBURSEMENT-									
HCFA LIMITS ANO EAC:%	12.00*	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y*	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	$3.90*	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	$3.90*	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT OISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, ANO INFORMATION ON OONATIONS ANO TAXES PROGRAMS TO HCFA PERIOOICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATEO ACQUISITION COST (INGREOIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNOER AHCCCS.

WEST VIRGINIA NON-INSTITUTIONAL PAYMENT METHODOLOGY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	N	N	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	N	N	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

WEST VIRGINIA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	NA	$68.75	NA
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701	0701	0701	0701	0701
METHOD OF PAYMENT-					
PROSPECTIVE	N	N	N	Y	Y
RETROSPECTIVE	Y	Y	Y	Y	Y
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	N	N	N	N
PER DIEM PLUS ADDITIONS	N	N	N	Y	Y
PER DISCHARGE	N	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	Y	Y	Y	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	Y	Y
OTHER TREND INDEX	Y	Y	Y	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	Y	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y	Y	N	N
RESERVED BED DAYS	N	N	N	N	N
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	Y	Y
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	Y	Y
STATE OWNED	N	N	N	Y	Y
OTHER CLASSIFICATION	Y	Y	Y	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

WEST VIRGINIA INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	N	N	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	Y	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	Y	N	N	NA	NA
SECT 1923(C) (2)	N	N	N	NA	NA
SECT 1923(C) (3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	5.00	NA	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	N	N	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Wisconsin

Characteristics of the Medicaid State Plan as of March 1992

Wisconsin covers the medically needy

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS:	Y
1. Department of Health and Social Services 1 West Wilson Street, Room 650 P.O. Box 7850 Madison, WI 53707-7850	
2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS:	N
N/A	
3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C).	N
B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).	
1. AFDC RELATED MEDICAID ONLY GROUPS:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
2. SSI RECIPIENTS:	
A. THE IV-A AGENCY	N
B. THE SOCIAL SECURITY ADMINISTRATION	Y
C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS	N
D. THE TITLE XIX AGENCY	N
3. AGED, BLIND, AND DISABLED MEDICAID ONLY:	
A. THE TITLE IV-A AGENCY	Y
B. THE TITLE XIX AGENCY	N
C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND	N
C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS:	Y
BUREAU OF HEALTH CARE FINANCING	
D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3).	Y

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ADMINISTRATION PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WISCONSIN

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	Y
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	Y

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	Y
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	Y
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	Y
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	Y

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WISCONSIN

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	Y
OTHER METHOD FOR PART A PAYMENT	N
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y
MEDICARE RATE	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WISCONSIN

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	U
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	U
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	Y
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	Y
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	U
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WISCONSIN

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY	
1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	Y
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	Y
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y
B. POST-ELIGIBILITY	
THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:	
1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$40
B. FOR COUPLES	$80
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	Y
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	Y
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	N
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	MN
C. FINANCIAL ELIGIBILITY	
1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	Y

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WISCONSIN

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).	
1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	N
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	N
(II) FOR PARTIAL MONTHS	Y
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12
E. STANDARDS AND METHODS	
1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	N
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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WISCONSIN

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). N

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. Y

2. THE STATE USES A STANDARD OF $13,296. N

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WISCONSIN

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	U
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	Y
BLIND	Y
DISABLED	Y
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	Y
PREGNANT WOMEN	Y

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WISCONSIN

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	Y
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	18
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	21
IN ICFS/MR UNDER (AGE)	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21
OTHER GROUPS UNDER (AGE)	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y
AGED	Y
BLIND	Y
DISABLED	Y
AGED IN GROUP LIVING	Y
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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OPTIONAL COVERAGE OF THE MEDICALLY NEEDY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WISCONSIN

INDIVIDUALS WHO MUST BE INCLUDED	
PREGNANT WOMEN	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y
INDIVIDUALS INCLUDED AT STATE OPTION	
CARETAKER RELATIVES	N
AGED	Y
BLIND	Y
DISABLED	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	19
REASONABLE CLASSIFICATIONS	
UNDER PUBLIC AGENCIES UNDER (AGE)	N
IN FOSTER HOMES UNDER (AGE)	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
WISCONSIN
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	311.00	550.00	647.00	772.00	886.00	Y
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	509.72	591.67	689.33	822.67	944.00	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	2000.00	3000.00	3300.00	3600.00	3900.00	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	6					
AND (MTH)	N					

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WISCONSIN

	CAT/MED	
+INPATIENT HOSPITAL	Y	Y
+OUTPATIENT HOSPITAL	Y	YL
+RURAL HEALTH CLINICS	Y	Y
+FEDERALLY QUAL HLTH CTRS	Y	Y
+OTHER LAB AND X-RAYS	Y	Y
+NF (AGE 21 OR OLDER)	YL	Y
+EPSDT	Y	Y
+FAM PLANNING & SUPPLIES	YL	YL
+PHYSICIAN SERVICES	Y	Y
+MED/SURG SERV OF A DENTIST	YL	Y
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	Y	Y
OPTOMETRISTS	Y	Y
CHIROPRACTORS	Y	Y
PSYCHOLOGISTS	Y	Y
MEDICAL SOCIAL WORKERS	Y	Y
NURSE ANESTHETISTS	N	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	YL	YL
+HOME HEALTH AIDE	YL	YL
+MED SUPP/EQUIP/APPLIANCES	Y	Y
PHYSICAL THERAPY	YL	YL
OCCUPATIONAL THERAPY	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL	YL
PRIVATE DUTY NURSING	YL	YL
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	YL	YL
MENTAL HEALTH CLINIC	YL	YL
ALCOHOL & SUB ABUSE CLINIC	YL	YL
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	N	N
END STAGE RENAL DISEASE	N	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	Y	Y
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	YL
OCCUPATIONAL THERAPY	YL	YL
SPEECH DISORDERS	Y	Y
HEARING DISORDERS	YL	YL
LANGUAGE DISORDERS	YL	YL
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	YL
DENTURES	YL	YL
PROSTHETIC DEVICES	YL	YL
EYEGLASSES	YL	YL

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
1040 + = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WISCONSIN

	CAT/MED	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	YL	YL
SCREENING SERVICES	YL	YL
PREVENTIVE SERVICES	YL	YL
REHABILITATIVE SERVICES	YL	YL
IMD INPAT HOSP (65 OR OLDER)	Y	Y
IMD NF (65 OR OLDER)	YL	YL
ICF/MR	Y	Y
INPAT PSYCH (UNDER 21)	Y	Y
+NURSE MIDWIFE	Y	Y
HOSPICE CARE	Y	Y
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	N	N
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	Y	N
RESPIRATORY CARE SERVICES	Y	Y
+CERT PED NURSE PRACTITIONER	Y	Y
+CERT FAM NURSE PRACTITIONER	Y	Y
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	YL
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	Y	Y
NF SERVICES (UNDER 21)	Y	Y
EMERGENCY HOSP SERVICES	Y	Y
PERSONAL CARE SERVICES	YL	YL
TRANSPLANT SERVICES	Y	Y

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\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

WISCONSIN NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y*	Y	Y	Y	Y	Y	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	Y*	Y	Y	N	Y	N	NA	N
ENCOUNTER LENGTH	NA	N*	N	N	N	N	N	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	Y*	N	N	Y	N	Y	NA	Y
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	N	N	NA	N
FEE SCHEDULE?	NA	N	Y	Y	Y	Y	Y	NA	Y
STATE DETERMINED?	NA	NA	Y	N	Y	Y	Y	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	N	N	N	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	N	N	NA	N
PERCENT BILLED:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	Y	Y	N	N	Y	Y	NA	Y
COSTS-									
STATE REASONABLE	NA	Y*	N	N	N	N	N	NA	N
MEDICARE REASONABLE	NA	Y*	N	N	N	N	N	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	N	N	NA	N
NEVADA	NA	N	N	N	N	N	N	NA	N
OTHER RVS	NA	N	N	N	N	N	N	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	N	N	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

WISCONSIN NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N*	N	N	N	N	N	NA	N
MIN PAYMENT AMOUNT	NA	NA*	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA*	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA*	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA*	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA*	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA*	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA*	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N*	N	N	N	N	N	NA	N
DONATION	NA	NA*	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA*	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA*	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA*	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA*	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA*	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA*	NA	NA	NA	NA	NA	NA	NA

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WISCONSIN INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$3214.00*	NA	NA	$71.72*	$114.33*
RATE PERIOD-					
BEGINS (MMDDYYYY)	0701 *	0701	0701	0701 *	0701 *
METHOD OF PAYMENT-					
PROSPECTIVE	Y*	Y	Y	Y	Y
RETROSPECTIVE	N*	N	N	N	N
OTHER METHOD	N	N	N	N	Y
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	Y*	Y	N	NA	NA
ALL INCLUSIVE PER DIEM	N*	Y	Y	Y	N
PER DIEM PLUS ADDITIONS	N*	N	N	N	N
PER DISCHARGE	Y*	N	N	N	N
PER CASE	N*	N	N	N	N
PER ADMISSION	N*	N	N	N	N
CASE MIX PER DIEM	N*	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N*	Y*	U*	N	N
DRI REGIONAL	N*	U*	U*	N	N
HCFA MARKET BASKET	Y*	Y*	Y*	N	N
CONSUMER PRICE INDEX	N*	N*	U*	N	N
OTHER TREND INDEX	N	N	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	N*	N	N	N	N
ANCIL PER DIEM	N*	N	N	N	N
OTHER ANCIL	N	N	N	Y	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	N*	N	N	N	N
RESERVED BED DAYS	N*	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N*	N	N	Y	Y
PEER GROUPING	N*	N	N	N	N
HIGH/LOW COST	N*	N	N	Y	N
NUMBER OF BEDS	N*	N	N	Y	Y
STATE OWNED	N*	N	N	Y	Y
OTHER CLASSIFICATION	N	N	N	Y	N

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NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

WISCONSIN INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y*	Y	Y	NA	NA
INPT UTIL RATE THRSHLD	N*	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N*	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C) (1)	Y*	Y	Y	NA	NA
SECT 1923(C) (2)	N*	N	N	NA	NA
SECT 1923(C) (3)	N*	N	N	NA	NA
SECT 1923(E)	N*	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	2.00*	4.50	2.00	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N*	N	N	NA	NA
PROVIDER TAX	N*	N	N	NA	NA
GENERAL TAX	N*	N	N	NA	NA
GENERAL REVENUE FUND	Y*	Y	Y	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N*	N	N	Y*	Y*
STATE TAX	N*	N	N	N*	N*
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N*	N	N	NA	NA
MEDICAID EXPANSION	N*	N	N	N	N
OTHER MEDICAID	N*	N	N	N	N
NON-MEDICAID	N*	N	N	Y*	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

WISCONSIN

General

03/91 Wisconsin implemented an enhanced disproportionate share adjustment for Essential Access City Hospitals.

07/91 Wisconsin provided reimbursement for brain-injured beneficiaries who require care which cannot be appropriately provided in the community.

07/91 Wisconsin implemented a supplemental funding program for government-dependent rural hospitals.

Inpatient Hospital Services

01/91 Wisconsin implemented a DRG payment methodology for inpatient hospital reimbursement.

07/91 Wisconsin implemented a supplemental funding program for government-dependent rural hospitals.

Physician Services

07/91 Wisconsin raised payment rates for primary and preventive physician services to children to rates equivalent to 60% of 1990 statewide average charges; rates for obstetric services were raised to 65% of 1990 statewide average charges.

Dentist Services

07/91 Wisconsin raised payment rates for all dental services to 63% of the statewide average 1990 charges.

Community-Based Long Term Care Services

10/91 Wisconsin decided to not implement the Robert Wood Johnson Foundation-sponsored long-term care insurance partnership program, due to administrative resource constraints.

Wyoming

Characteristics of the Medicaid State Plan as of March 1992

TABLE A-1

SINGLE STATE AGENCY

A. THE SINGLE STATE AGENCY WHICH ADMINISTERS THE MEDICAID PROGRAM (1.1.A) IS: — Y

1. Department of Health
   First Floor
   Hathaway Building
   Cheyenne, WY 82002

2. ANOTHER AGENCY ADMINISTERS PART OF THE MEDICAID PROGRAM FOR THE BLIND (1.1.B). THIS AGENCY IS: — N

   N/A

3. A WAIVER OF THE SINGLE STATE AGENCY REQUIREMENT HAS BEEN GRANTED (1.1.C). — N

B. THE AGENCY MAKING ELIGIBILITY DETERMINATIONS (ATTACHMENT 2.2-A).

1. AFDC RELATED MEDICAID ONLY GROUPS:
   - A. THE TITLE IV-A AGENCY — Y
   - B. THE TITLE XIX AGENCY — N

2. SSI RECIPIENTS:
   - A. THE IV-A AGENCY — N
   - B. THE SOCIAL SECURITY ADMINISTRATION — Y
   - C. THE STATE AGENCY FOR THE BLIND MAKES MEDICAID ELIGIBILITY DETERMINATIONS FOR BLIND SSI RECIPIENTS — N
   - D. THE TITLE XIX AGENCY — N

3. AGED, BLIND, AND DISABLED MEDICAID ONLY:
   - A. THE TITLE IV-A AGENCY — Y
   - B. THE TITLE XIX AGENCY — N
   - C. THE STATE AGENCY FOR BLIND MAKES DETERMINATIONS FOR THE BLIND — N

C. WITHIN THE SINGLE STATE AGENCY A MEDICAL ASSISTANCE UNIT HAS BEEN DESIGNATED. (1.2) THIS UNIT IS: — Y

   DIVISION OF HEALTH AND MEDICAL SERVICES

D. THE PLAN IS ADMINISTERED ON A STATEWIDE BASIS (RATHER THAN BY POLITICAL SUBDIVISIONS OF THE STATE) (1.3). — Y

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WYOMING

RISK CONTRACTS (2.1)

A.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE FEDERALLY QUALIFIED.	N
B.	THE MEDICAID AGENCY ENTERS INTO RISK CONTRACTS WITH HEALTH MAINTENANCE ORGANIZATIONS (HMOS) THAT ARE NOT FEDERALLY QUALIFIED, BUT ARE DEFINED IN THE STATE PLAN.	N

OTHER ELEMENTS IN ADMINISTRATION

A.	PAYMENT IS MADE TO RESERVE A BED DURING A TEMPORARY ABSENCE FROM INPATIENT FACILITIES (4.19 (C)).	Y
B.	THE STATE HAS WAIVERS FROM PARTICIPATION IN THE SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS PROGRAMS (SAVE) (4.34).	N
C.	THE STATE USES ALTERNATIVE REMEDIES FOR NURSING FACILITIES THAT DO NOT MEET ONE OR MORE REQUIREMENTS OF PARTICIPATION (4.35(C)).	Y
D.	THE STATE USES INCENTIVES TO REWARD NURSING FACILITIES(4.35(D)).	N
E.	DIRECT PAYMENTS ARE MADE TO RECIPIENTS FOR PHYSICIANS' AND DENTISTS' SERVICES (4.20).	N
F.	THE STATE INDICATED THAT IT MEETS THE REQUIREMENTS OF 42 CFR 433.138 AND 433.139 (4.22).	Y
	1. PROVIDERS ARE REQUIRED TO BILL LIABLE THIRD PARTIES WHEN SERVICES ARE COVERED UNDER THE PLAN WHEN CHILD SUPPORT ENFORCEMENT IS IN EFFECT (433.139(B)(3)).	N
G.	LOCAL POLITICAL SUBDIVISION PARTICIPATION IS USED TO PAY THE NON-FEDERAL SHARE OF TOTAL EXPENDITURES UNDER THE PLAN (6.3).	N
H.	THE STATE GOVERNOR REVIEWS PLAN MATERIALS (7.4).	N
I.	THE MEDICAID AGENCY HAS WRITTEN AGREEMENTS WITH THE TITLE IV-D AGENCY FOR THE ENFORCEMENT OF RIGHTS TO AND COLLECTION OF THIRD PARTY BENEFITS ASSIGNED TO THE STATE AS A CONDITION OF ELIGIBLITY (4.22 (F)).	N

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MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WYOMING

<< PREMIUMS >>

MEDICARE PART A AND PART B	
QMBS	
PART A GROUP PAYMENT	N
PART A BUY-IN AGREEMENT	Y
PART B BUY-IN AGREEMENT	Y
OTHER ARRANGEMENT	N
PREMIUMS FOR HMO ENROLLMENT	N
QDWIS	
PART A GROUP PAYMENT	N
OTHER METHOD FOR PART A PAYMENT	Y
OTHERS ELIGIBLE FOR MEDICARE PART B	
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N
MEDICALLY NEEDY	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N
OTHER HEALTH INSURANCE	
PREMIUMS PAID IF COST-EFFECTIVE	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N

<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>

MEDICARE PARTS A AND B	
QMBS	Y
DUAL ELIGIBLES	Y
OTHER ELIGIBLES	
FULL RANGE OF SERVICES UNDER MEDICARE	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N

<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>

PLAN DESCRIBES RATES AND METHODS	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N
MEDICARE RATE	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WYOMING

<< CHARGES ARE IMPOSED ON: >>	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
ALL INDIVIDUALS (AGE) OR OLDER	21
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
ALL INDIVIDUALS (AGE) OR OLDER	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:	
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
SERVICES PROVIDED BY HMOS	N
<< CHARGES ARE COLLECTED BY: >>	
PROVIDERS	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y
MEDICALLY NEEDY	N
THE AGENCY	
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N
MEDICALLY NEEDY	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>	
LOW-INCOME PREGNANT WOMEN	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N
MEDICALLY NEEDY	N
<< OTHER POLICIES >>	
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N

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ELIGIBILITY PROFILE

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WYOMING

A. MISCELLANEOUS ELEMENTS REGARDING ELIGIBILITY

1. THE STATE HAS RESIDENCY AGREEMENTS WITH INDIVIDUAL STATES (A.4).	N
2. THE STATE HAS AN OPEN RESIDENCY AGREEMENT (A.4).	N
3. THE STATE PROVIDES PSYCHIATRIC SERVICES TO INDIVIDUALS UNDER 21 (A.5.B).	N
4. ASSIGNMENT OF RIGHTS TO THIRD PARTY PAYMENTS IS BY OPERATION OF STATE LAW (A.6).	Y

B. POST-ELIGIBILITY

THE STATE DEDUCTS FROM INSTITUTIONALIZED INDIVIDUALS' INCOME:

1. FOR PERSONAL NEEDS FOR INSTITUTIONALIZED INDIVIDUALS (B.1.A).	
A. FOR INDIVIDUALS	$30
B. FOR COUPLES	$60
C. A SPECIAL NEEDS ALLOWANCE FOR CERTAIN INDIVIDUALS	N
2. FOR THE NEEDS OF NON-INSTITUTIONALIZED CHILDREN.	AFDC
3. AN INCOME ALLOWANCE FOR COMMUNITY SPOUSES WHICH IS COMPUTED AS FOLLOWS: (B.7 PAGE 5A).	
A. USING THE FORMULA PRESCRIBED IN 1924 OF THE ACT.	N
B. BY DEDUCTING FROM COMMUNITY SPOUSES' INCOME THE BASIC MAINTENANCE STANDARD PLUS THE SHELTER ALLOWANCE UP TO A MAXIMUM IN ALL CASES.	Y
C. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
4. A MONTHLY INCOME ALLOWANCE FOR OTHER FAMILY MEMBERS UNDER 1924 WHICH IS COMPUTED AS FOLLOWS:	
A. USING THE FORMULA PRESCRIBED IN LAW.	Y
B. ANOTHER METHOD PERMISSIBLE UNDER 1924.	N
5. FOR MAINTENANCE OF THE HOME WHEN AN INDIVIDUAL IS EXPECTED TO RETURN HOME IN 6 MONTHS.	$150

C. FINANCIAL ELIGIBILITY

1. THE STATE PLACES LIMITS ON NON-COVERED NECESSARY MEDICAL AND REMEDIAL CARE FOR THE MEDICALLY NEEDY (C.4.A.(2)(C)).	N

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NA = NOT APPLICABLE

WYOMING

D. EFFECTIVE DATES OF ELIGIBILITY (C.11.(A)).

1. AFDC - RELATED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
2. AGED, BLIND, DISABLED	
A. PROSPECTIVE PERIOD	
(I) FOR FULL MONTHS	Y
(II) FOR PARTIAL MONTHS	N
B. 3-MONTH RETROACTIVE PERIOD	
(I) COUNTED FROM DATE OF APPLICATION	N
(II) BEGINS THE FIRST DAY OF THE THIRD MONTH BEFORE THE DATE OF APPLICATION.	Y
3. STATE REDETERMINES QMB ELIGIBILITY EVERY __ MONTHS (C.11.B)	12

E. STANDARDS AND METHODS

1. INCOME STANDARD	
A. PREGNANT WOMEN AND INFANTS THE STATE MUST COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, A2).	133
B. ADDITIONAL PREGNANT WOMEN AND INFANTS THE STATE ELECTED TO COVER HAVE FAMILY INCOME EQUAL TO OR LESS THAN ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.1).	N
C. ADDITIONAL CHILDREN THE STATE ELECTED TO COVER HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL LEVEL.	100
D. OPTIONAL CATEGORICALLY NEEDY, AGED, AND DISABLED HAVE INCOME EQUAL TO OR BELOW ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A, B.3).	N

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WYOMING

E. INCOME STANDARD FOR INDIVIDUALS WHO ARE INSTITUTIONALIZED AND ELIGIBLE UNDER A SPECIAL INCOME LEVEL THAT DOES NOT EXCEED 300 PERCENT OF THE SSI FEDERAL BENEFITS RATE ___ (SUPP. 1 TO ATTCH 2.6-A). 300%

F. THE 209(B) STATE COVERS QMBS WITH INCOME EQUAL TO ___ PERCENT OF THE FEDERAL POVERTY LEVEL (SUPP. 1 TO ATTCH 2.6-A). N

2. RESOURCE STANDARD

A. PREGNANT WOMEN MEET A RESOURCE STANDARD OF $___ (SUPP. 2 TO ATTCH 2.6-A, A1). $0

B. CHILDREN UNDER AGE ONE OR OLDER WHO MEET A RESOURCE STANDARD OF (SUPP. 2 TO ATTCH 2.6-A, A2):

(I)	FAMILY OF ONE	$0
(II)	FAMILY OF TWO	$0
(III)	FAMILY OF THREE	$0
(IV)	FAMILY OF FOUR	$0
(V)	FAMILY OF FIVE	$0

F. STATE COMMUNITY SPOUSE RESOURCE STANDARD UNDER SPOUSAL IMPOVERISHMENT (SUPP. 13).

1. THE STATE USES A STANDARD OF $66,480. Y

2. THE STATE USES A STANDARD OF $13,296. N

3. THE STATE USES A STANDARD BETWEEN $13,296 AND $66,480. THE STANDARD IS: $0

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WYOMING

PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y
INDIVIDUALS IN HCBSWS	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE STANDARD BUT NO CASH PAYMENT	
AGED	N
BLIND	N
DISABLED	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS	
AGED	N
BLIND	N
DISABLED	N
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WYOMING

INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
FINANCIALLY ELIGIBLE CHILDREN	
ALL CHILDREN UNDER (AGE)	N
REASONABLE CLASSIFICATIONS	
IN FOSTER HOMES UNDER (AGE)	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21
UNDER PRIVATE AGENCY UNDER (AGE)	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N
IN NFS UNDER (AGE)	N
IN ICFS/MR UNDER (AGE)	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N
OTHER GROUPS UNDER (AGE)	19
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED	
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N
AGED	N
BLIND	N
DISABLED	N
AGED IN GROUP LIVING	N
BLIND IN GROUP LIVING	N
DISABLED IN GROUP LIVING	N
OTHER	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)	
AGED	Y
BLIND	Y
DISABLED	Y
CHILDREN UNDER (AGE)	N
CARETAKER RELATIVES	N
PREGNANT WOMEN	N

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AFDC PAYMENT STANDARDS (DOLLARS) AND FINANCIAL CRITERIA
USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
WYOMING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	1	2	3	4	5	RURAL
AFDC PAYMENT STANDARD	195.00	320.00	360.00	390.00	450.00	N
MEDICALLY NEEDY						
INCOME LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	N
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	N
RESOURCE LEVELS						
AFDC RELATED/ALL	NA	NA	NA	NA	NA	
AGED, BLIND, AND DISABLED (209(B))	NA	NA	NA	NA	NA	
SPENDDOWN PERIOD (MTH)	N					
AND (MTH)	N					

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WYOMING

	CAT/MED 1	
+INPATIENT HOSPITAL	YL	N
+OUTPATIENT HOSPITAL	YL	N
+RURAL HEALTH CLINICS	Y	N
+FEDERALLY QUAL HLTH CTRS	Y	N
+OTHER LAB AND X-RAYS	Y	N
+NF (AGE 21 OR OLDER)	Y	N
+EPSDT	Y	N
+FAM PLANNING & SUPPLIES	YL	N
+PHYSICIAN SERVICES	YL	N
+MED/SURG SERV OF A DENTIST	Y	N
OTHER LICENSED PRACTITIONERS		
PODIATRISTS	N	N
OPTOMETRISTS	YL	N
CHIROPRACTORS	N	N
PSYCHOLOGISTS	N	N
MEDICAL SOCIAL WORKERS	N	N
NURSE ANESTHETISTS	Y	N
HOME HEALTH SERVICES		
+HOME HEALTH NURSING	Y	N
+HOME HEALTH AIDE	Y	N
+MED SUPP/EQUIP/APPLIANCES	Y	N
PHYSICAL THERAPY	Y	N
OCCUPATIONAL THERAPY	Y	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N
PRIVATE DUTY NURSING	N	N
CLINIC SERVICES		
MATERNAL&CHILD HLTH CLINIC	Y	N
MENTAL HEALTH CLINIC	Y	N
ALCOHOL & SUB ABUSE CLINIC	Y	N
BIRTHING CENTER	N	N
AMBULATORY SURGICAL CENTER	Y	N
END STAGE RENAL DISEASE	Y	N
MR/DAY TREATMENT	N	N
DENTAL SERVICES	YL	N
PHYS THERAPY & REL SERVICES		
PHYSICAL THERAPY	YL	N
OCCUPATIONAL THERAPY	N	N
SPEECH DISORDERS	N	N
HEARING DISORDERS	Y	N
LANGUAGE DISORDERS	N	N
PRESCRIBED ITEMS		
PRESCRIBED DRUGS	YL	N
DENTURES	N	N
PROSTHETIC DEVICES	YL	N
EYEGLASSES	YL	N

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

WYOMING

	CAT/MED 1	
OTHER PROFESSIONAL SERVICES		
DIAGNOSTIC SERVICES	N	N
SCREENING SERVICES	N	N
PREVENTIVE SERVICES	N	N
REHABILITATIVE SERVICES	YL	N
IMD INPAT HOSP (65 OR OLDER)	Y	N
IMD NF (65 OR OLDER)	N	N
ICF/MR	Y	N
INPAT PSYCH (UNDER 21)	N	N
+NURSE MIDWIFE	Y	N
HOSPICE CARE	N	N
TARGETED CASE MGMT SERVICES		
TCM - UNDER 21	N	N
TCM - CHRON MENTALLY ILL	N	N
TCM - PREGNANT WOMEN	N	N
TCM - AIDS	N	N
TCM - HIV POSITIVE	N	N
TCM - DEVELOP DISABLED	N	N
PRESUMPTIVE ELIGIBILITY		
AMBULATORY PRENATAL CARE	N	N
RESPIRATORY CARE SERVICES	N	N
+CERT PED NURSE PRACTITIONER	Y	N
+CERT FAM NURSE PRACTITIONER	Y	N
OTHER CARE RECOG BY STATE LAW		
TRANSPORTATION SERVICES	YL	N
CHRISTIAN SCI NURSES	N	N
CHRISTIAN SCI SANITORIUMS	N	N
NF SERVICES (UNDER 21)	Y	N
EMERGENCY HOSP SERVICES	Y	N
PERSONAL CARE SERVICES	N	N
TRANSPLANT SERVICES	N	N

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WYOMING NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
REIMB. SCHEME SPECIFIC SVC?	Y	Y	Y	Y	Y	N	N	N	Y
UNIT PAY-									
PER ENCOUNTR/SVC/PRESCR	NA	N	Y	Y	Y	NA	NA	NA	Y
ENCOUNTER LENGTH	NA	N	N	N	N	NA	NA	NA	N
EPSDT SCREEN FEE:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER UNIT	NA	N	N	N	N	NA	NA	NA	N
METHOD OF RATE DETERMINATION-									
NEGOTIATED RATES	NA	N	N	N	N	NA	NA	NA	N
FEE SCHEDULE?	NA	N	Y	Y	N	NA	NA	NA	Y
STATE DETERMINED?	NA	NA	Y	Y	NA	NA	NA	NA	Y
UPDATE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICARE	NA	NA	N	N	NA	NA	NA	NA	N
CHARGES-									
MEDICARE	NA	N	N	N	N	NA	NA	NA	N
PERCENT BILLED:%	NA	NA	70.00	NA	NA	NA	NA	NA	NA
OTHER CHARGES	NA	N	Y	Y	N	NA	NA	NA	Y
COSTS-									
STATE REASONABLE	NA	N	N	N	Y	NA	NA	NA	N
MEDICARE REASONABLE	NA	Y	N	N	N	NA	NA	NA	N
PERCENT BILLED	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROSPECTIVE-									
BASE YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA
TREND FACTOR:%	NA	NA	NA	NA	NA	NA	NA	NA	NA
RELATIVE VALUE SCALE-									
CALIFORNIA	NA	N	N	N	N	NA	NA	NA	N
NEVADA	NA	N	N	N	N	NA	NA	NA	N
OTHER RVS	NA	N	N	N	N	NA	NA	NA	N
OTHER PAYMENT METHOD	NA	N	N	N	N	NA	NA	NA	N
DRUG REIMBURSEMENT-									
HCFA LIMITS AND EAC:%	11.00	NA	NA	NA	NA	NA	NA	NA	NA
STATE LIMITS	Y	NA	NA	NA	NA	NA	NA	NA	NA
DISPENSING FEE RANGE-									
FROM:$	NA	NA	NA	NA	NA	NA	NA	NA	NA
TO:$	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.

WYOMING NON-INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	PRESC DRUGS	OUTPT HOSP ACUTE	PHYSN SRVCS	LAB X-RAY	FQHC	NURSE PRACT PED	NURSE MDWIF	MCH CLNIC	DENTL SRVCS
DISPROPORTIONATE SHARE PMT?	N	N	N	N	N	NA	NA	NA	N
MIN PAYMENT AMOUNT	NA	NA	NA	NA	NA	NA	NA	NA	NA
MIN PAYMENT PERCENT	NA	NA	NA	NA	NA	NA	NA	NA	NA
DS FUNDING SOURCE-									
PROVIDER DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROVIDER TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
GENERAL REVENUE FUND	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER FUNDING	NA	NA	NA	NA	NA	NA	NA	NA	NA
DONATIONS AND TAXES PROGRAM?	N	N	N	N	N	NA	NA	NA	N
DONATION	NA	NA	NA	NA	NA	NA	NA	NA	NA
TAX	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	NA	NA	NA	NA	NA	NA	NA	NA	NA
USE OF PROCEEDS-									
DS PAYMENTS	NA	NA	NA	NA	NA	NA	NA	NA	NA
MEDICAID EXPANSION	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA
NON-MEDICAID	NA	NA	NA	NA	NA	NA	NA	NA	NA

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WYOMING INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
RATE INFORMATION-					
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2056.06	$303.00	NA	$65.77	$146.72
RATE PERIOD-					
BEGINS (MMDDYYYY)	07011991	07011991	NA	07011991	07011991
METHOD OF PAYMENT-					
PROSPECTIVE	N	Y	N	Y	Y
RETROSPECTIVE	Y	N	N	N	N
OTHER METHOD	N	N	N	N	N
UNIT OF PAYMENT-					
DIAGNOSIS RELATED GROUP	N	N	N	NA	NA
ALL INCLUSIVE PER DIEM	N	Y	N	N	Y
PER DIEM PLUS ADDITIONS	N	N	N	Y	N
PER DISCHARGE	Y	N	N	N	N
PER CASE	N	N	N	N	N
PER ADMISSION	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N
OTHER UNIT	N	N	N	N	N
TREND INDEX-					
DRI NATIONAL	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N
OTHER TREND INDEX	Y	N	N	Y	Y
ANCILLARY SERVICES-					
ANCIL INCLUDED	Y	Y	N	Y	Y
ANCIL PER DIEM	N	N	N	N	N
OTHER ANCIL	N	N	N	N	N
OTHER SERVICES-					
ADMIN NECESSARY DAYS	Y	Y	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y
OTHER SERVICES	N	N	N	N	N
GROUP CLASSIFICATION-					
LOCATION	N	N	N	N	N
PEER GROUPING	N	N	N	N	Y
HIGH/LOW COST	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N
STATE OWNED	N	Y	N	N	N
OTHER CLASSIFICATION	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

WYOMING INSTITUTIONAL PAYMENT METHODOLOGY

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	ACUTE CARE HOSP	PSYCH HOSP	OTHER HOSP	NURSE FCLTY	ICF MR
<< DISPROPORTIONATE SHARE HOSPITALS>>					
DSH DEFINITION-					
FEDERAL	Y	Y	N	NA	NA
INPT UTIL RATE THRSHLD	N	N	N	NA	NA
LOW INC UTIL RT THRSHLD	N	N	N	NA	NA
OTHER DSH DEFINITION	N	N	N	NA	NA
DSH PMT ADJUSTMENT METHOD-					
SECT 1923(C)(1)	N	N	N	NA	NA
SECT 1923(C)(2)	Y	Y	N	NA	NA
SECT 1923(C)(3)	N	N	N	NA	NA
SECT 1923(E)	N	N	N	NA	NA
DSH MIN-					
MIN PAYMENT AMT$	NA	NA	NA	NA	NA
MIN PAYMENT PCT%	1.00	1.00	NA	NA	NA
DSH FUNDING SOURCE-					
PROVIDER DONATION	N	N	N	NA	NA
PROVIDER TAX	N	N	N	NA	NA
GENERAL TAX	N	N	N	NA	NA
GENERAL REVENUE FUND	Y	Y	N	NA	NA
OTHER FUNDING SOURCE	N	N	N	NA	NA
<< DONATIONS AND TAXES PROGRAMS >>					
TYPE OF DNTN & TAX PGMS-					
DONATION	N	N	N	N	N
STATE TAX	N	N	N	N	N
OTHER PROGRAM TYPE	N	N	N	N	N
USE OF PROCEEDS-					
DSH PAYMENTS	N	N	N	NA	NA
MEDICAID EXPANSION	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N

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NOTE: STATES REPORT DISPROPORTIONATE SHARE PAYMENT FUNDING SOURCE, AND INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA PERIODICALLY (NOT IN STATE PLAN)
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

Section Six: NGA 1991 Changes in the Medicaid Program

WYOMING

Physician Services

07/91 Wyoming has instituted a one-year trial disproportionate share program to encourage primary care physicians to continue to practice in the State. Thirty percent or more of the physician's patients over the past six months must be Medicaid beneficiaries. The physician will then be reimbursed and additional 10% of the Medicaid allowed fee for specific procedures.

APPENDIXES

APPENDIX I - ABBREVIATIONS USED IN THIS REPORT

AABD .... Aid to the Aged, Blind, or Disabled (title XVI).
AAC ..... Actual Acquisition Cost
AB ..... Aged or Blind
ACH ..... Adult Care Homes
ADL ..... Activities of Daily Living
AFDC .... Aid to Families with Dependent Children
AHCCCS .. Arizona Health Care Cost Containment System
AIDS ..... Acquired Immune Deficiency Syndrome
APTD .... Aid to the Permanently and Totally Disabled
ARC ..... AIDS Related Complex
ASC ..... Ambulatory Surgical Center
AWP ..... Average Wholesale Price
AZT ..... Azidothymidine
BCG ..... Bacillus Calmette-Guerin
BDMS .... Bureau of Data Management and Strategy
BEI ..... Budget Estimating Initiative
CAT ..... Categorically Needy
CCPED ... Community Care Program for the Elderly and Disabled
CFR ..... Code of Federal Regulations
COLA .... Cost of Living Adjustment
COBRA ... Consolidated Omnibus Budget Reconciliation Act of 1985
CPI ..... Consumer Price Index
CPR ..... Customary, Prevailing, and Reasonable Charge
CRNA .... Certified Registered Nurse Anesthetists
CSW ..... Clinical Social Worker
DDTCS ... Developmental Day Treatment Clinic Services
DME ..... Durable Medical Equipment
DRG ..... Diagnosis-Related Group
DRI ..... Data Resources, Inc.
DSH ..... Disproportionate Share Hospital
DSP ..... Disproportionate Share Payments
EAC ..... Estimated Acquisition Cost
EMEVS ... Electronic Medicaid Eligibility Verification System
EPSDT .... Early and Periodic Screening, Diagnostic and Treatment
ERRP .... Enhanced Recipient Restriction Program
ESWL .... Extracorporeal Shock Wave Lithotripsy
FBR ..... Federal Benefit Rate
FFP ..... Federal Financial Participation
FMAP .... Federal Medical Assistance Percentage
FPL ..... Federal Poverty Level
FQHC .... Federally Qualified Health Center
FY ..... Fiscal Year
GA ..... General Assistance
GPI ..... General Product Indicator
HCBC .... Home and Community-based Care
HCBS ..... Home and Community-based Services
HCBSW ... Home and Community-based Services Waiver
HCEP .... Home Care Expansion Program

APPENDIX I (continued)

HCFA . . . . Health Care Financing Administration
HCIP . . . . . Health Care Improvement Program
HHS . . . . . Department of Health and Human Services
HI . . . . . Hospital Insurance (Medicare Part A)
HICAP . . . . Hospital Indigent Care Assurance Program
HIO . . . . . Health Insuring Organizations
HMO . . . . . Health Maintenance Organization
ICF/MR . . . Intermediate Care Facility for the Mentally Retarded
IMD . . . . . Institution for Mental Diseases
ISG . . . . . Immune Serum Globulin
JAD . . . . . Joint Application Development Session
LEA . . . . . Local Educator Agency
LPN . . . . . Licensed Practical Nurse
LTC . . . . . Long-term Care
MA . . . . . Medical Assistance
MAC . . . . . Maximum Allowable Cost
MAF . . . . . Medical Assistance Facility
MARS . . . . Management and Administration Reporting System
MB . . . . . Medicaid Bureau
MBES . . . . Medicaid Budget and Expenditure System
MCCA . . . . Medicare Catastrophic Coverage Act
MCH . . . . . Maternal and Child Health
MDS . . . . . Minimum Data Set
MED . . . . . Medically Needy
MHB . . . . . Medicaid Hospice Benefit Program
MMIS . . . . Medicaid Management Information System
MNIL . . . . . Medically Needy Income Level
MRI . . . . . Magnetic Resonance Imaging
MMR . . . . . Mumps, Measles, and Rubella
MSE . . . . . Medical Services Eligibility
MSIS . . . . . Medicaid Statistical Information System
MUMP . . . . Medicaid Utilization Management Program
NAMT . . . . Nonambulance Medical Transportation
NF . . . . . Nursing Facility
NGA . . . . . National Governors' Association
NP . . . . . Nurse Practitioner
OAA . . . . . Old Age Assistance
OACT . . . . Office of the Actuary
OASDI . . . . Old Age, Survivors, and Disability Insurance
OBA . . . . . Office of Budget and Administration
OBRA . . . . Omnibus Budget Reconciliation Act
OFO . . . . . Office of Field Operations
OLP . . . . . Office of Legislation and Policy
OMB . . . . . Office of Management and Budget
OMM . . . . . Office of Medicaid Management
OPH . . . . . Outpatient Hospital
ORD . . . . . Office of Research and Demonstrations
OT . . . . . Occupational Therapy

APPENDIX I (continued)

OTC	Over-the-Counter (drugs)
PA	Physicians' Assistant
PAAD	Pharmaceutical Assistance to the Aged and Disabled
PAS	Professional Activities Study
PCA	Personal Care Attendant
PCP	Primary Care Physician
PCT	Percent
PHS	Public Health Service
PHSA	Public Health Service Act
PRO	Peer Review Organization
PT	Physical Therapy
QDWI	Qualified Disabled and Working Individual
QMB	Qualified Medicare Beneficiary
RHC	Rural Health Clinic
RN	Registered Nurse
RO	Regional Office
RRB	Railroad Retirement Board
RRP	Recipient Restriction Program
RVS	Relative Value Scale
SAS	Statistical Analysis System
SAVE	Systematic Alien Verification for Entitlements Program
SGA	Substantial Gainful Activity
SMI	Supplementary Medical Insurance (Medicare Part B)
SMIC	State Medicaid Information Center
SNF	Skilled Nursing Facility
SPA	State Plan Amendment
spDATA	State Profile Data System
SPU	Short Procedure Unit
SSB	Social Security Benefits
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSP	State Supplementary Payments
SURS	Surveillance and Utilization Review System
TCM	Targeted Case Management
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982
TPN	Total Parenteral Nutrition
WAC	Wholesale Acquisition Cost

APPENDIX II
GLOSSARY OF MEDICAID TERMS

Aid to Families with Dependent Children (AFDC): A program of income support for low-income families established by title IV of the Act.

Covered services: The combination of services and supplies (mandatory and optional) within each State for which Medicaid will provide reimbursement.

Categorically needy are groups of Medicaid eligibles described in section 1902(a)(10)(A) of the Act.

Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT): Mandatory services under the Medicaid program for categorically needy individuals under the age of 21. The services are optional for the medically needy population. Under EPSDT, States are required to: (1) establish distinct periodicity schedules for screening, vision, hearing, and dental services; (2) provide for interperiodic screens as indicated by medical necessity to determine the existence of a suspected illness or condition; and (3) provide to EPSDT beneficiaries all necessary health care, diagnostic services, treatment and other measures coverable under Medicaid to correct or ameliorate defects in physical and mental conditions discovered by screening services, whether or not such services are otherwise provided under the State plan.

Essential spouse: One who is living with an aged, blind, or disabled individual who was receiving cash assistance and whose needs were included in determining the amount of cash payment to the individual under OAA, AB, APTD, or AABD; and who is determined essential to the individual's well-being. For purposes of Medicaid, the definition of essential spouse is only relevant to those eligible for Medicaid continuously since December 1973.

Expenditure: Under Medicaid, expenditure refers to an amount paid out by a State agency for the covered medical expenses of eligible participants.

Federal financial participation (FFP): The Federal funding provided to States for expenditures made under approved State plans in accordance with the State's Federal Medical Assistance Percentage and the administrative rate.

Federal poverty level (or poverty threshold) is a statistical measure used to indicate the level of cash income needed by a family to purchase a "minimally adequate" market basket of goods and services. The threshold is adjusted for family size and updated every February for inflation. It is a nationwide standard of poverty.

Fee schedules: Schedules specifying a predetermined flat maximum payment amount for individual procedure codes within a type of service. States may develop Medicaid fee schedules, or adopt Medicare fee schedules.

APPENDIX II (continued)

Fiscal agent: A contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Fiscal year: Any 12-month period for which annual accounts are kept. The Federal government's fiscal year extends from October 1 to the following September 30.

Group classification: For payment purposes, States may categorize facilities. Groupings could be by geographic location of facility, peer group (similar level of care required by beneficiaries), high/low cost, number of beds, ownership, etc.

Home and community-based services waivers (HCBSW): These waivers enable States to offer an alternative health care package for persons who would otherwise be institutionalized under Medicaid. Room and board may not be covered.

Income standard: The dollar limit against which either gross or countable income is measured in the eligibility determination process.

Intermediate care facility for the mentally retarded (ICF/MR): An institution (or distinct part thereof) for the mentally retarded or persons with related conditions if--(1) the primary purpose of such institution (or distinct part thereof) is to provide health or rehabilitative services for mentally retarded individuals and the institution meets such standards as may be prescribed by the Secretary; (2) the mentally retarded individual with respect to whom a request for payment is made under a plan approved under this title is receiving active treatment under such a program; and (3) in the case of a public institution, the State or political subdivision responsible for the operation of such institution agrees to the non-federal portion of expenditures set out in the statute (section 1905(d)).

Medically needy are individuals under age 18, 19, 20, or 21; specified relatives of dependent children (caretakers); aged; blind; disabled; or pregnant women who because of income and/or resources are ineligible under the mandatory or optional eligibility groups. Individuals under this option meet income and resource requirements specific to the medically needy. Individuals can attain eligibility by spending down income in excess of the medically needy income eligibility standard. That is, income in excess of the eligibility standard can be offset within a specified period of time by incurring medical expenses equal to the amount of excess income; or at State option, individuals may pay excess income to the State Medicaid agency and become income eligible.

Negotiated rates: Rates developed through negotiation between States and specific providers.

New rate amount: The estimated average proposed payment rate determined by the State for its latest SPA affecting institutional reimbursement.

APPENDIX II (continued)

Nursing facility: An institution or distinct part of an institution which is primarily engaged in providing to residents: nursing care and related services, rehabilitation services, or health related care, and services (above the level of room and board) which can be made available only in an institutional facility. The facility must have in effect a transfer agreement with 1 or more hospitals and must meet Medicaid participation requirements (section 1919(a) of the Act).

Outpatient hospital services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services (except for nurse-midwife services) that are furnished to outpatients by or under the direction of a physician or dentist by an institution that is licensed or formally approved as a hospital by an officially designated authority for State standard-setting and meets the requirements for participation in Medicare as a hospital (42 CFR 440.20).

Physician services: Those services furnished by, or under the direction of, a doctor of medicine or osteopathy licensed as such in the State where the services are performed within the scope of practice as defined by State law. Physician services may be provided in the physician's office, a hospital, a nursing facility, or elsewhere.

Presumptive eligibility: Based on preliminary information, qualified providers may make an interim determination that a pregnant woman is eligible for Medicaid.

Qualified disabled working individual (QDWI): A low-income, disabled individual who is entitled to enroll in Medicare, Part A benefits under title XVIII of the Act.

Qualified Medicare beneficiaries (QMBs): Elderly and disabled persons whose incomes are at or below specified percentages of the Federal poverty level.

Reasonable classifications: Subgroups of children under age 18, 19, 20, or 21 who are financially eligible for AFDC (e.g., individuals in foster homes or private institutions for whom a public agency is assuming a full or partial financial responsibility, individuals in adoptions subsidized in full or in part by a public agency, and inpatients under age 21 in psychiatric facilities or programs).

Medicaid beneficiary: An individual who has been determined to be eligible for Medicaid and who has used medical services covered under Medicaid.

Spenddown: Individuals can attain eligibility by spending down income in excess of the medically needy income eligibility standard or the appropriate categorically needy standard in the case of aged, blind, or disabled in 209(b) States. That is, income in excess of the eligibility standard, can be offset within a specified period of time by incurring medical expenses equal to the amount of excess income; or, at State option, individuals may pay excess income to the State Medicaid agency and become income eligible.

APPENDIX II (continued)

State buy-in: The process by which a State provides supplementary medical insurance and/or hospital insurance coverage for its needy eligible persons by paying their Medicare premiums through an agreement with the Federal government.

State plan: The Medicaid State plan is a comprehensive written commitment by a State Medicaid agency to administer or supervise the administration of a Medicaid program in accordance with Federal requirements.

State plan amendment (SPA) : A proposed or approved amendment made to an approved Medicaid State plan.

Supplemental Security Income (SSI): A program of income support for low-income aged, blind, or disabled persons established by title XVI of the Act.

State Supplementary Payment (SSP): A cash payment made by a State on a regular basis to an individual receiving SSI or who, except for income would receive SSI.

Title II: Provides for Federal old age, survivors, and disability insurance benefits.

Title IV-D: The Child Support Program operated by the Office of Child Support Enforcement.

Title IV-E: Adoption Assistance and Foster Care: a program to lessen barriers to the adoption of children with special needs.

Title V: Maternal and Child Health Services block grant.

Title XVI: Aid to the aged, blind, or disabled (SSI).

Title XVIII: The Medicare program.

Title XIX: The Medicaid program.

Trend factor--The percentage used to account for inflation when setting payment rates prospectively.

209(b) States--States which use more restrictive eligibility requirements for the aged, blind, or disabled than are used to determine SSI eligibility.

Medical vendor--An institution, agency, organization, or individual practitioner that provides health or medical services to Medicaid beneficiaries.

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